



Please complete form and return to Rosina Lillywhite (VPNS Head of Centre) at rosina.lillywhite@theLEH.co.uk

VETSKILL DIPLOMA LEVEL 3 IN EQUINE VETERINARY NURSING

Academic Year you are applying for: September 20.....

APPLICANT INFORMATION

Title	Forename(s)	Surname
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Date of birth	Nationality	Ethnicity	Gender
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Home address

Home telephone no.	Mobile no.
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Email address	N.I number
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CURRENT EMPLOYMENT INFORMATION

Name of Practice	Start date
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Veterinary Practice address

Telephone number

Name of Practice Principal	Contact number	Email address
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EDUCATION



vetPartners Nursing School

at Liphook Equine Hospital

Qualification	Year completed	Grade achieved	Copy of certificate attached	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

PERSONAL INFORMATION

Do you have any special needs, learning difficulties or disabilities?	Yes	No
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If yes, please give more information:

Declaration by applicant
I understand that the above information forms the basis on which a programme with the college may be offered to me, and I declare that the information provided to the best of my knowledge is correct. I also understand that my place may be withdrawn if the required evidence is not provided.
I confirm that I have the right to study in the United Kingdom

Signature of applicant

Date

Declaration by Practice Principal
I have read this application form and am in support of their application.

Signature of Practice Principal

Date

Data protection
In the interest of supplying the necessary support to all students, the information you have provided within this form may be viewed by other relevant members of staff within the college. In accordance with the Data Protection Act and GDPR, if you do not wish this information to be shared, please notify the college.



vetPartners
Nursing School
at Liphook Equine Hospital