



## PRE-APPLICATION FOR VETERINARY TRAINING PROGRAMMES

Full Name: \_\_\_\_\_

Miss/Ms/Mrs/Mr/Mx \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Proposed Year of Entry: \_\_\_\_\_

Nationality: \_\_\_\_\_

National Insurance number: \_\_\_\_\_

Age first day of course: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Next of Kin

*(This section must be completed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel no: (inc. area code): \_\_\_\_\_

Tel no: (Inc area code): \_\_\_\_\_

Mobile Tel. no: \_\_\_\_\_

Email \_\_\_\_\_

Mobile Tel no: \_\_\_\_\_

VETERINARY PRACTICE NAME \_\_\_\_\_

Is this practice a Training Practice? Y/N

Training Practice Number \_\_\_\_\_

If No, would you consider becoming a TP? Y/N

Employment Start Date \_\_\_\_\_

Name and address of employer:

Employed Hours per week \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Practice Principal: \_\_\_\_\_ Tel no: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Who is responsible for the payment of your fees?

Self:   
*(Please confirm in writing)*

Employer:

TITLE OF COURSE (PLEASE TICK)

Level 3 Diploma in Small Animal Veterinary Nursing  Level 2 Diploma for Veterinary Care Assistants

FOR OFFICIAL USE ONLY

Confirmation sent:

Notes

**Learning difficulties / disabilities**

Do you have any learning difficulties / disabilities / medical conditions? YES  NO

If you have answered 'YES', can you please provide more details:

List any special academic or learning support needs:

**Ethnicity**

**White**

- 31 English / Welsh / Scottish / Northern Irish / British
- 32 Irish
- 33 Gypsy or Irish Traveller
- 34 Any other White background

**Mixed / Multiple Ethnic Group**

- 35 White and Black Caribbean
- 36 White and Black African
- 37 White Asian
- 38 Any Other Mixed / Multiple ethnic background

**Other Ethnic Group**

- 47 Arab
- 98 Any other Ethnic Group
- 99 Not provided

**Asian / Asian British**

- 39 Indian
- 40 Pakistani
- 41 Bangladeshi
- 42 Chinese
- 43 Any other Asian Background

**Black / African / Caribbean / Black British**

- 44 White – British
- 45 Caribbean
- 46 Any other Black / African / Caribbean background

**Qualifications**

**Student Unique Learning Number** \_\_\_\_\_

Please list all the qualifications gained or to be taken (must be completed)

Qualification (eg: GCSE, NVQ, FD, ND, Degree)	Date taken or to be taken	Subject with grade or estimated grade
Maths		
English		
Science		
GCSE other-		
GCSE other-		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once this application has been received the admissions department will contact you further for more information.

**Please return your application form and letter to:**

Jayne Owen RVN  
 Chestergates Veterinary Training Centre  
 Unit E Telford Court  
 Gates Lane  
 Chester  
 CH1 6LT

[nursingschool@chestergates.org.uk](mailto:nursingschool@chestergates.org.uk)

Fax- 01244 853 824