



PRE-APPLICATION FOR VETERINARY TRAINING PROGRAMMES

Full Name: _____

Miss/Ms/Mrs/Mr _____

Date of Birth: _____

Proposed Year of Entry: _____

Nationality: _____

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

Is this practice a Training Practice? Y/N

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

Name and address of employer:

Name of Practice Principal: _____ Tel no: _____

Name of Clinical Coach/Mentor: _____ 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 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

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

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 or Kelly Marshall VN
ChesterGates Veterinary Training Centre
Unit E Telford Court
Gates Lane
Chester
CH1 6LT

nursingschool@chestergates.org.uk

Fax- 01244 853 824