



## APPLICATION FOR VETERINARY NURSING PROGRAMME (DAY RELEASE - CHESTERGATES)

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: \_\_\_\_\_

**TRAINING PRACTICE**

**APPROVAL NUMBER:**

Name and address of employer:

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

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

Name of Clinical Coach: \_\_\_\_\_ Email: \_\_\_\_\_

Who is responsible for the payment of your fees?

Self:   
*(Please confirm in writing)*

Employer:

**DAY RELEASE**

Level 3 Diploma Year 1

August 2018

**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

<b>White</b>		<b>Asian / Asian British</b>	
31 English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/>	39 Indian <input type="checkbox"/>	40 Pakistani <input type="checkbox"/>	
32 Irish <input type="checkbox"/>		41 Bangladeshi <input type="checkbox"/>	
33 Gypsy or Irish Traveller <input type="checkbox"/>		42 Chinese <input type="checkbox"/>	
34 Any other White background <input type="checkbox"/>		43 Any other Asian Background <input type="checkbox"/>	
<b>Mixed / Multiple Ethnic Group</b>		<b>Black / African / Caribbean / Black British</b>	
35 White and Black Caribbean <input type="checkbox"/>		44 White – British <input type="checkbox"/>	
36 White and Black African <input type="checkbox"/>		45 Caribbean <input type="checkbox"/>	
37 White Asian <input type="checkbox"/>		46 Any other Black / African / Caribbean background <input type="checkbox"/>	
38 Any Other Mixed / Multiple ethnic background <input type="checkbox"/>			
<b>Other Ethnic Group</b>			
47 Arab <input type="checkbox"/>			
98 Any other Ethnic Group <input type="checkbox"/>			
99 Not provided <input type="checkbox"/>			

### Please state the name of your Centre

Are you enrolled as a student nurse with the RCVS YES  NO

If YES, please give Enrolment Number:

If NO, please state the date when you anticipate you will register and the reason for the delay.

### 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 Myerscough College admissions department will contact you further for more information.

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

Jayne Owen RVN or Kelly Marshall VN  
Myerscough-ChesterGates School of Veterinary Nursing  
Unit E Telford Court  
Gates Lane  
Chester  
CH1 6LT

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

Fax- 01244 853 824