

Application and Enrolment Form

Please select which course you are applying for: Level 3 Diploma in Veterinary Nursing

Level 2 Veterinary Nursing Assistant

Which month do you wish to start the course? _____

Learner Details	
Family Name	
Given Names	
Date of Birth	
Sex -M/F	
Current Address	
Current Postcode	
Postcode prior to enrolment	
Telephone Number	
Email Address	
National Insurance Number	
Emergency Contact details	
Parents/Guardian Name: (if 16-17 years old)	
Emergency Contact Name:	
Emergency Contact Number	
Emergency Contact Email Address	
Eligibility	
Do you have the right to work in England?	YES / NO
Are a citizen of the UK; and have been ordinarily resident in the UK or EEA (including other countries determined to be within the EEA or those with bilateral agreements) for at least the previous three years on the first day of the apprenticeship.	YES / NO

Are a citizen of a country within the European Economic Area (EEA) (including other countries determined to be within the EEA or those with bilateral agreements); and have been ordinarily resident in the EEA (including other countries determined to be within the EEA or those with bilateral agreements) for at least the previous three years on the first day of the apprenticeship.	YES / NO
If No to questions above, are you a non-EEA citizen with permission from the UK government to live in the UK, (not for educational purposes) and have been ordinarily resident in the UK for at least the previous three years before the start of learning	YES / NO
If NO to all above, please discuss with your tutor your eligibility for funding:	
Reasons and evidence seen for eligibility:	
Will you spend at least 50% of their working hours in England over the duration of the apprenticeship?	YES / NO
Are you using a student loan to pay for their apprenticeship?	YES / NO
Have you been asked to contribute financially to the cost of training, on-programme or end-point assessment?	YES / NO
Will you be able to complete the apprenticeship within the time they have available?	YES / NO
Household Situation (for ESFA purposes), please tick appropriate box:	
1. No household member is in employment and the household includes one or more dependent children	
2. No household member is in employment and the household does not include any dependent children	
3. Learner lives in a single adult household with dependent children	
4. Learner has withheld this information	
5. None of the above apply	

Previous Employment History	
Name of Employer and Dates	Job Role and/or description of duties

Ethnicity (Please tick the appropriate box)			
British - English / Welsh / Scottish / N. Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Any Other White Background	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Mixed/Multiple Ethnic Background	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

Additional Support: Learning and Social (This can be discussed confidentially if preferred)

Describe any support needs that you think we need to be aware of. This includes Dyslexia, Dyspraxia, Dyscalculia or areas which will impact on your qualification and others around you i.e barriers to your learning

Medical Condition (This can be discussed confidentially if preferred) (Please tick)

Visual Impairment	<input type="checkbox"/>	Mental Health difficulty	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Profound Complex Disabilities	<input type="checkbox"/>
Moderate Learning Difficulty	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Disability affecting mobility	<input type="checkbox"/>	Dyscalculia	<input type="checkbox"/>
Autism spectrum disorder	<input type="checkbox"/>	Temporary disability after illness/accident	<input type="checkbox"/>
Emotional/Social difficulties	<input type="checkbox"/>	Asperger's Syndrome	<input type="checkbox"/>
Severe learning Difficulty	<input type="checkbox"/>	No Disability/Health Condition	<input type="checkbox"/>
Speech, Language and Communication Needs	<input type="checkbox"/>	Other	<input type="checkbox"/>

Photographic consent

In a continuous effort to promote Apprenticeships in the veterinary industry and good practice in training, Abbeydale Vet Nurse Training invite you to be involved in and / or participate in events / activities which may later be presented on the internet or in publications, including in-house promotional material. This Agreement / Permission form confirms your acceptance of these terms.

I agree that Abbeydale Vet Nurse Training are permitted by me to use interviews, quotes, photographs, film or reproductions thereof which may be produced at any time, in any manner or form to reasonably promote or advertise Abbeydale Vet Nurse Training. The photographs / film will not be used for any other means. The copyright on any such material shall be assigned to Abbeydale Vet Nurse Training.

Please tick to confirm

Initial Assessment confirmation

In a continuous effort to promote Apprenticeships in the veterinary industry and good practice in training, Abbeydale Vet Nurse Training require you to complete these assessments under exam conditions and MUST only be completed by you.

I agree that I completed these assessments and had no assistance or used any other means to complete the answers.

I understand that if found to be in breach of this then I could be withdrawn or refused access to the Abbeydale Vet Nurse Training apprenticeship program.

Please tick to confirm

Learner Privacy Notice:**Retrieval of Unique Learner Numbers for Funded Programmes****How We Use Your Personal Information**

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of the Data Protection Act 1998, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR).

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the Data Protection Act 1998.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:

- About courses or learning opportunities
- For surveys and research
- By post
- By phone
- By e-mail

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

Tick to confirm that you have read and understood this Privacy Notice and authorise Abbeydale Vet Nurse Training to retrieve my ULN:

Employment Status

Name and address of Employer:

Contact person:		Contact phone number:	
Contact Email Address			
Start Date:		Contracted hours per week*:	
Hourly Pay (£)		Has the apprentice signed a full contract of employment?	YES / NO
Do you have a job description	YES / NO	Job Title:	
Have you had a Health & Safety Induction?	YES / NO		
Holiday Entitlement:	Holiday entitlement: Minimum legal requirement – 28 days including Bank Holidays		

Please note that this apprenticeship with Abbeydale Vet Nurse Training is an ESFA-funded programme that could be used as ESF match funding.

Signature of Learner:	
Date of signature:	

Name of Training Provider Representative:	
Signature of Training Provider Representative:	
Date of Signature:	

- ❖ Please include a covering letter, your CV, copies of all your certificates and 2 passport size photographs with your application
- ❖ Please include 2 copies of the photograph page of your passport (or driving licence if you do not have a passport)
- ❖ You will be contacted to arrange a date for an interview. Please state below if there are any known dates you will not be available.

- ❖ Fees are payable within 28 days of receiving the invoice, should you leave the course after the commencement of the term, fees will still be due.
- ❖ RCVS and CQ enrolment fees are due on the first day of term- further information will be provided on induction day.
- ❖ Please send your application by secure delivery e.g. signed for/recorded, to ensure safe and traceable delivery.

If you have any other requirements regarding training, please do not hesitate to get in touch

Return this form along with the necessary items list above to:

Student Applications
 Abbeydale Vetlink Veterinary Training,
 Apex House, Wonastow Road, Monmouth, NP25 5JB

Checklist prior to sending

Please ensure you have sent us the following items otherwise your application will be returned to you.

Complete all of the application form	<input type="checkbox"/>
Covering letter telling us a bit about you and why you would like to enrol on your chosen course	<input type="checkbox"/>
Curriculum Vitae (CV)	<input type="checkbox"/>
Copies of ALL of your certificates or a certified statement or results (please do not send us uncertified statement of results). If you do not have a copy you may need to contact your examination board	<input type="checkbox"/>
Two passport sized photographs	<input type="checkbox"/>
Two copies of the photograph page of your passport (or driving licence if you do not have a passport)	<input type="checkbox"/>

Please send by Signed for delivery and check the weight, so that the correct postage fee is paid.

We will endeavour to get in touch with you within 5 days of receiving your application form, if we do not please contact us on 01600 737 040