

Application and Enrolment Form

Level 3 Introduction into small animal rehabilitation

Which month do you wish to start the course? September January

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 or Wales?	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
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	

Education (qualifications already gained or predicted grades please state.) Include all qualifications.

Title	Grade	Year Achieved

Name of last School/College:

When did you register with the RCVS as an RVN?

What is your RCVS registration number?

Are you currently enrolled on another course?

YES / NO

If YES, please give details:

Do you have any criminal convictions?

YES / NO

If YES, please give details:

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		Pakistani	
Irish		Bangladeshi	
Gypsy or Irish Traveller		Any other Asian background	
Any Other White Background		Caribbean	
White and Black Caribbean		African	
White and Black African		Any other Black background	
White and Asian		Chinese	
Any other Mixed/Multiple Ethnic Background		Arab	
Indian		Any other ethnic group	

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

Photographic consent

In a continuous effort to promote Abbeydale 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

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*:	

Signature of Learner:

Date of signature:

- ❖ **Please include a covering letter and your CV**
- ❖ **Please include a written reference from either your employer stating they are happy to support you through this qualification**
- ❖ **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.

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