

Application for VetSkill Level 2 Certificate in Veterinary Care Support

1. Notes for guidance

1. This form should be completed fully and returned to College Administration for consideration. Forms can be emailed to: greenmount.admissions@daera-ni.gov.uk or print off and post to CAFRE Admissions, Greenmount Campus, 45 Tirgracy Road, Antrim BT41 4PS.
2. If you require assistance to complete this form, please contact us on freephone 0800 028 4291.
3. ALL areas marked with (*) must be completed.

2. Personal details

Surname* _____ Mr/Mrs/Miss/Ms* _____

Forename(s)* _____

Home address* _____

Postcode* _____ Home telephone no.* _____

Date of birth* _____ Mobile telephone no.* _____

Town of birth* _____ National Insurance no.* _____

I am a citizen of:* the UK RoI Other EU State Non EU Country

Email address _____

Do you have a disability or special needs or a medical condition?* Yes No (Please tick)

If Yes, please provide details: _____

Criminal convictions: If you have a relevant criminal conviction, please tick
Information on the convictions which must be declared is available on
our website www.cafre.ac.uk

3. Education history

School currently attending or previously attended:*

Name: _____ Town: _____

Have you completed or are you currently attending a course at CAFRE?*

Please tick Yes No

4. Academic qualifications

Please list below any formal examinations you have taken or intend to take, e.g. GCSE, A-Levels, City & Guilds, BTEC or any other qualifications*

Subject	Level e.g GCSE, 'A' Level	Examination Board	Grade achieved	Year taken/ will be taken	For office use only

5. Work placement details

Students undertaking the VetSkill Level 2 in Veterinary Care Support MUST undertake a minimum of 600 hours work experience which can be paid or unpaid (approx 18 hours per week) for the duration of the course in a Veterinary Practice in Northern Ireland.

Name of Veterinary Practice* _____

Address* _____

Postcode* _____ Telephone no.* _____

Email address* _____

To be completed by Veterinary Practice

I confirm that _____ (name of applicant*) will be on a placement for a total of 600 hours (approx 18 hours per week) in the above named practice should she/he be successful in obtaining a place on the Level 2 VetSkill Veterinary Care Support course.

Name of Practice Principal:* _____

- Application forms submitted without this information will not be accepted.
- Employment details provided will be verified prior to the offer of a place on the course.

6. How did you hear about CAFRE courses?

Please tick those boxes which apply:

- | | |
|---|---|
| <input type="checkbox"/> Friend/family member/employer | <input type="checkbox"/> Advertisement/article in a newspaper |
| <input type="checkbox"/> DEL Careers Adviser/Job Centre | <input type="checkbox"/> School Careers teacher |
| <input type="checkbox"/> Careers Convention or Exhibition | <input type="checkbox"/> Internet |
| <input type="checkbox"/> School careers talk by CAFRE staff | <input type="checkbox"/> Other – please provide details below |
| <input type="checkbox"/> Existing/past student | _____ |

7. Other relevant information

Have you previously attended any other Further or Higher education course in the UK?*

Please tick Yes No

If Yes, please provide details of the place of study, the course and year completed.

8. Declaration

I declare to the best of my knowledge that the information given on this form is correct.*

Name _____ Date _____

Data Protection

The personal information provided by you will be held on a database by CAFRE, in accordance with DAERA's Data Protection Act, Registration: Z6402243. We may use this information to contact you regarding future courses and events. If you do not wish your details to be used for this purpose, please tick this box

For College use only

Application Ref No.

Date received / acknowledged

Interview date

References

Offer made

Yes

No

Conditions of offer

ULN: