

## Application for ABC Level 2 Certificate in Animal Nursing Assistant course

### 1. Notes for guidance

1. This form should be completed electronically and returned to College Administration for consideration by clicking on the SUBMIT button once all the information has been completed.
2. If you require assistance to complete this form, please contact us on freephone 0800 028 4291.

### 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](http://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



## 5. Work placement details

Students undertaking the ABC Level 2 Certificate in Animal Nursing Assistant course MUST undertake a minimum of 20 hours per week work experience in a Veterinary Practice. Please give the name of the Veterinary Practice that you are/will be working in should you be successful in obtaining a place on the course.

Name of Veterinary Practice \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone no. \_\_\_\_\_

Email address \_\_\_\_\_

## To be completed by Veterinary Practice

I confirm that \_\_\_\_\_ (name of applicant) will be working for a minimum of 20 hours per week in the above named practice should she/he successful in obtaining a place on the Level 2 Animal Nursing Assistant 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 | 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.

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Please provide any other relevant information to support your application.

## 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 DARD'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

**SUBMIT**

### For College use only

Application Ref No.

Date received / acknowledged

Interview date

References

Offer made

Yes

No

Conditions of offer

ULN: