

APPLICATION FOR VETERINARY NURSE EDUCATION PROGRAMMES:

- NZ Certificate in Animal Care - Level 3
- NZ Certificate in Animal Technology - Level 5
- NZ Diploma in Veterinary Nursing - Level 6

1 APPLICANTS DETAILS

Legal First Name(s):

Middle Name(s):

Legal Surname:

Current Address:

ADDRESS 1

ADDRESS 2

TOWN OR CITY

STATE

COUNTRY

POSTCODE

Phone:

Programme Applied For:

THE INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE

Background Information

Acceptance into these programmes are conditional on:

- The student having satisfactory health
- Tetanus vaccination status

Students must be able to carry out physical activities within the animal room and work placement to fulfil the requirements of the programme. Students must also have no objection to working with animals, dissection of animal body parts, body fluids, and cadavers. UCOL reserves the right to decline entry to the programme should an applicant's physical ability or sensitivity to dead animals or animal body parts prevent them carrying out practical activities to fulfil the requirements of the programme.

2 HEALTH STATUS

Please complete below any health issues you have. If a pre-existing condition undisclosed here reoccurs and affects your progress, this could prevent your continuing the programme.

Do you live with the ongoing effects of any of the following?

- Yes No Back problems
- Yes No Joint problems
- Yes No Foot or leg problems
- Yes No High blood pressure
- Yes No Rheumatic fever
- Yes No Heart complaint
- Yes No Allergies of any kind
- Yes No Varicose veins
- Yes No Slight defects
- Yes No Head injury
- Yes No Severe or recurrent headaches
- Yes No Epilepsy, fainting attacks, fits, or blackouts
- Yes No Diabetes or kidney complaints
- Yes No Asthma, bronchitis, pleurisy, or lung disease
- Yes No A substance related disorder, dependence, or abuse
- Yes No Mental illness requiring psychiatric care
- Yes No Are you on medication?

Other, please specify:

If you responded 'Yes' to any conditions please provide a brief outline/details in the space below:

State the date of your last tetanus vaccination/booster injection and state where a record of this is held:

Will you be able to work with all animals, dissection of animal body parts, body fluids, and cadavers (dead animal bodies)?

Yes No

3 APPLICANTS DECLARATION

I understand that the Programme Leader may ask me to provide further information about my health status or inability to work with some animals, the dissection of animal body parts, body fluids, and cadavers.

I understand that declaring a health related issue does not necessarily exclude me from enrolment in the programme. It enables UCOL and me to consider whether these issues are manageable.

Signature:

Date:

DAY	MONTH	YEAR
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It is recommended that you print an additional copy of this form for your own records.