

# APPLICATION FOR ENROLMENT

## CLINICAL THINKING VETERINARY NURSE



Please complete this application form and return to the AIRC. Please use block letters and  boxes as required.

Veterinary Nursing Manager

Veterinary Nursing Technician

### PERSONAL DETAILS

Title: Ms/Miss/Mr/Mrs

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(if different to above)

Phone (home): \_\_\_\_\_ Fax (home): \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M  F

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Do you have a permanent or significant disability?  No  Yes If yes, please state: \_\_\_\_\_

### EDUCATION INFORMATION

Highest VN qualifications already attained: \_\_\_\_\_

Institution: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Other Tertiary Qualifications: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Level achieved at school: \_\_\_\_\_ Year Completed: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employment Status:  Full Time  Part Time  Casual Hours worked per week: \_\_\_\_\_

Veterinary Practice Name: \_\_\_\_\_

Employer Name/s: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address \_\_\_\_\_  
(if different to above)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Practice Position: \_\_\_\_\_

Qualification/s: \_\_\_\_\_

I agree to act as Mentor and assist the applicant throughout the course as per Structured Tutoring Program and Study Timetable.

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### CERTIFICATION

I hereby apply for enrolment for the **Veterinary Nursing Manager / Veterinary Nursing Technician** (please circle relevant level) and in so doing:

- (a) I acknowledge that this enrolment application does not serve as an automatic entry into the nominated course. However, the submission of a fully completed enrolment application form together with appropriate enrolment/tuition fee payment will secure a position in the nominated course subject to full enrolment confirmation via interview with an AIRC consultant.
- (b) Should your application be unsuccessful, the AIRC will reimburse in full the enrolment/tuition fees according to the cancellation policy outlined in the appropriate Student Handbook.
- (c) I understand that it is at the discretion of the AIRC to assess and verify my level of competence in line with current standards.
- (d) I agree to not reproduce or use my notes or AIRC materials except for use in study and veterinary practice. All materials are subject to copyright laws.
- (e) I acknowledge that if I cancel my studies I will not receive a refund of course fees. Refer to Student Handbook (located on the website @ [www.provetlearning.com.au](http://www.provetlearning.com.au))

Signed by Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE FORWARD COMPLETED FORM TO:  
AIRC - Locked bag 1003 Northgate QLD 4013 AUSTRALIA  
Phone: 001 61 7 3621 6005 Fax: 001 61 7 3621 6006  
E-mail: [enquiries@avnrc.com.au](mailto:enquiries@avnrc.com.au) Web: [www.provetlearning.com.au](http://www.provetlearning.com.au)

*If you studied your VN qualification through another training organisation, please ensure you send in a copy of your certificate and transcript. Your enrolment WILL NOT be processed until this has been received.*

Please tick this box to confirm you have enclosed your previous VN qualifications

If you were referred to our organisation, please indicate referral's details \_\_\_\_\_