

Please indicate which module you wish to commence by inserting your chosen 'Start Date' against the module required
Please select the module you wish to study and when. Deadline for bookings is 4 weeks before start date.

Module Title	Start Date		Total
	4 th November 2024	24 th February 2025	
Small Animal Emergency and Critical Care			£420
Small Animal Medicine			£420
Equine Practice			£420
Equine Medicine			£420

Total Due £

PERSONAL DETAILS

Forename(s):	Surname:	Title:
Address:		
Post code:	E-mail:	Tel:
If any of the details in this section are different to those you originally registered with, please tick this box <input type="checkbox"/>		

FURTHER INFORMATION

Have you already completed a module with the University of Liverpool?	<input type="checkbox"/> Mini-module(s)	<input type="checkbox"/> CertAVP/VBM
If yes, please include your student ID number:		
If yes, please include your date of birth:		

IF NO, PLEASE COMPLETE FORM OVERLEAF

PAYMENT DETAILS

Payment by Cheque	
Please make cheques payable to: The University of Liverpool	Cheque enclosed: £
Payment by Credit/Debit Card	
If you would like to pay by credit/debit card please return your completed booking form and we will send you an email with directions to a secure website within the University system where you will be able to complete your payment. Alternatively, we can accept card details by phone, and a member of the team will call you to take your card details. Please indicate which method you would prefer:	
<input type="checkbox"/> Online <small>(Contact details)</small>	<input type="checkbox"/> Telephone <small>(Contact details)</small>

We are unable to issue invoices for payment. We cannot accept payment by bank transfer / BACS.

Please ensure that we receive your booking form by the appropriate enrolment closing date:

25th October 2024 For 4 th November 2024	18th February 2025 For 24th February 2025
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BOOKINGS RECEIVED AFTER THE CLOSING DATE WILL NOT BE ACCEPTED

Please return your completed form by email or post to:

**Veterinary Postgraduate Unit, University of Liverpool, School of Veterinary Science,
Leahurst, Neston, Wirral, CH64 7TE**

Tel: (0151) 794 6016

Email: vpuoffice@liverpool.ac.uk

FOR OFFICE USE ONLY

Date received:									
Cheque	Issued by:	Amount:							
Reference Number:									
Online Store	Link:	Date & Initial	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Telephone</th> <th style="width: 15%;">Conf.:</th> <th style="width: 20%;">Date & Initial</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Telephone	Conf.:	Date & Initial			
Telephone	Conf.:	Date & Initial							
Receipt		Date & Initial							

ENROLMENT DETAILS

Practice Name & Address							
Where did you hear about the modules delivered by the University of Liverpool?	UoL VPU Website	IVIS Website	IVIS Email	FindCPD .com	Vet Surgeon .com	Search Engine	Other (please state)

PERSONAL DETAILS

The University of Liverpool is required by the Higher Education Statistics Agency (HESA) to request the information in this section. The information is solely for statistical analysis and is covered by the Data Protection Act.

Date of Birth (dd/mm/yy)		Is your residency status:	UK		√
Gender (Male/Female)			EU		√
Nationality			NON-EU		√

QUALIFICATIONS

Qualifications: Delegates must hold a veterinary qualification as well as being currently an MRCVS or eligible to do so, and at least one year's experience working as a practising veterinarian. Please state **highest** qualification attained before commencing module.

Qualification	
Name of College / University	
City and Country where College / University is situated	
Date of Qualification	

ETHNIC ORIGIN

Ethnic Origin: Please tick as appropriate (it is not compulsory to complete this section)

10	White		31	Asian / Asian British – Indian		42	Mixed – White & Black African
21	Black / Black British – Caribbean		32	Asian / Asian British – Pakistani		43	Mixed – White & Asian
22	Black / Black British – African		33	Asian / Asian British – Bangladeshi		49	Other Mixed background
29	Other Black background		34	Chinese / Other Ethnic background – Chinese		80	Other Ethnic background
39	Other Asian background		41	Mixed – White & Black Caribbean		90	Not known

DISABILITY

Disability: Please tick as appropriate

Do you have a disability	Yes/No	Are you registered disabled?	Yes/No
If yes, what is the nature of your disability?			

DECLARATION

I agree to the University processing personal data contained in this form, or other data, which the University may obtain from me or other sources. I agree to the processing of such data for any purpose connected with my studies or my health, welfare and safety, or for any other legitimate reason

Signature:		Date:	
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