

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 1 week before start date.

Module Title	Start Date		Total
	4 th November 2024	24 th February 2025	
Veterinary Nursing – Medicine			£420
Veterinary Nursing – Surgery			£420
Veterinary Nursing – Equine			£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?	
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:			
Online (Contact details)		Telephone (Contact details)	

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	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: 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
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If yes, what is the nature of your disability?

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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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