

**Veterinary Postgraduate Unit**

Student Enrolment and Registration Form 2025/26

**Please complete the form in BLOCK CAPITALS**

Have you attended the University of Liverpool before? Yes No

If yes please provide your Student Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you intend on completing 6 CertAVP modules within 3 years to also be eligible for the PgCert in [Veterinary Professional Studies Award](https://www.liverpool.ac.uk/vets/cpd/vet-professional/)? Yes No

**Section 1 – Enrolment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Title:** |  |
| **Full Forenames.** |  | | |
| **Email Address:** |  | | |
| **Home Address & Postcode**: |  | | |
| **Term Address & Postcode**  (If different from above): |  | | |
| **Practice Name & Postcode** |  | | |
| **Daytime Tel. No:** |  | | |
| **Mobile No:** |  | | |

**Section 2 – Course Module Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Start Date:** |  | **Module Code** (e.g. A-FAVP.1) |  |
| **Module Title:** |  | | |
| **Which designated CertAVP are you working towards?** |  | | |
| **Which other modules have you completed elsewhere?** |  | | |
| **Where did you hear about the modules delivered by the UoL?** |  | | |

**Royal College of Veterinary Surgeons Registration**

Have you enrolled for the CertAVP with the RCVS?

No In Process Yes If yes, date enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are from a non-English speaking country and neither enrolled for a CertAVP or a MRCVS, you will need to provide proof of your English language skills. Please refer to [www.rcvs.org.uk/registration/statutory-membership-exam/](http://www.rcvs.org.uk/registration/statutory-membership-exam/)

Do you intend to take a Synoptic Examination at the University of Liverpool?

Yes No

Those delegates who successfully complete at least 50% of their modules with the University of Liverpool will be eligible to attain their designated CertAVP by sitting their Synoptic Exam at the University. Please refer to our website for further details: [www.liverpool.ac.uk/vets/cpd/how-to-book/avp-vbm/synoptic-exam/](http://www.liverpool.ac.uk/vets/cpd/how-to-book/avp-vbm/synoptic-exam/)

**Section 3 – Personal Details**

The University of Liverpool is required by the Office for Students, its UK government regulator and funder, to collect statistical information about its student body. This information is returned to HESA (Higher Education Statistics Agency) as the higher education designated data body for England. Data has to be returned for each student and is linked to their student ID number.

Please could you take a few minutes to answer the following questions which are required by HESA. Should you not wish to declare this information you are free to select an answer such as ‘Information Refused’ where this is listed as an option. This data is then used by the Office for Students and the UK government to support the regulation and funding of higher education providers. The potential uses of this data and related notices can be found here: <https://www.hesa.ac.uk/about/regulation/data-protection/notices>

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male: Female Other (please state)

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile Address & Postcode (Permanent home address prior to entry to the course):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency status: UK EU Non-EU

**Qualifications**

Delegates must hold a veterinary qualification as well as being currently MRCVS or eligible to do so, and at least one year’s experience working as a practicing veterinarian. Please state highest qualification attained prior to commencing the module.

|  |  |
| --- | --- |
| **Qualification:** |  |
| **Name of College/University:** |  |
| **Country and City where College/University is situated:** |  |
| **Date of Qualification:** |  |

**Ethnic Origin** (Please tick as appropriate)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10** | **White** |  | **32** | **Asian or Asian British Pakistani** |  | **43** | **Mixed Asian White & Asian** |  |
| **15** | **Gypsy or Traveller** |  | **33** | **Asian or Asian British Bangladeshi** |  | **49** | **Other Mixed background** |  |
| **21** | **Black or Black British Caribbean** |  | **34** | **Chinese** |  | **50** | **Arab** |  |
| **22** | **Black or Black British** |  | **39** | **Other Asian background** |  | **80** | **Other Ethnic background** |  |
| **29** | **Other Black background** |  | **41** | **Mixed White & Black** |  | **90** | **Not known** |  |
| **31** | **Asian or Asian British Indian** |  | **42** | **Mixed White and Black African** |  | **98** | **Information refused/prefer not to say** |  |

**Disability** (Please tick as appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **0** | **No known disability** |  | **55** | **A mental health condition such as depression, schizophrenia or anxiety disorder** |  |
| **8** | **Two or more impairments and/or disabling medical conditions** |  | **56** | **A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches** |  |
| **51** | **A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D** |  | **57** | **Deaf or a serious hearing impairment** |  |
| **53** | **A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder** |  | **58** | **Blind or a serious visual impairment uncorrected by glasses** |  |
| **54** | **A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy** |  | **96** | **A disability, impairment or medical condition that in not listed above** |  |

If you require support for a disability including a specific learning disability (e.g. dyslexia), please contact the Disability Support Team (<http://www.liverpool.ac.uk/studentsupport/disability/>) at the time of your booking, support plans take a number of weeks to be put into place.

**Religious Belief** (Please tick as appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **No religion** |  | **12** | **Muslim** |  |
| **2** | **Buddhist** |  | **13** | **Sikh** |  |
| **3** | **Christian** |  | **14** | **Spiritual** |  |
| **10** | **Hindu** |  | **80** | **Any** |  |
| **11** | **Jewish** |  | **98** | **Information refused** |  |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete and return this form by email or post along with your booking form to:**

Veterinary Postgraduate Unit

University of Liverpool

Leahurst Campus

Neston

Wirral

CH64 7TE

Email: [vpuoffice@liverpool.ac.uk](mailto:vpuoffice@liverpool.ac.uk)

Tel: 0151 794 6016