

Notification of student change of address and/or request to transfer centre or training practice

This form should be completed and sent to the RCVS **by the centre** for each student if they have:

- Changed address (Section A only)
- Transferred to a new centre or Training Practice (all sections)
- Withdrawn from training (Sections A & B only)

Both the student and Head of Centre will need to sign and date the Declaration section.

The Centre will be notified once the transfer has been completed and if necessary, access to the Nursing Progress Log (NPL) will be restored.

Section A – Student Details


Name:		RCVS enrolment number:	
Address:			
Postcode:			
Email Address:			
Telephone Number:			

Section B – Current Centre & Training Practice

Centre name:	Bottle Green Training Ltd	Centre number:	8003
Date of leaving:			
Head of Centre signature:		Date:	
Name (please print):	Judith Parry		

Training Practice Name:		TP Number:	
Practice address:			
Postcode:			
Date of leaving:			
Signature of TP Principal:		Date:	
Name (please print):			

Section C – Receiving Centre & Training Practice

Centre name:	Bottle Green Training Ltd	Centre number:	8003
Date of joining:			
Head of Centre signature:		Date:	
Name (please print):	Judith Parry		

Training Practice Name:		TP Number:	
Practice address:			
Postcode:			
Date of joining:			
Signature of TP Principal:		Date:	
Name (please print):			

Receiving Head of Centre's Declaration

I confirm that the candidate is registered for an RCVS-accredited qualification, and will, as an integral and planned element of their programme of studies, be provided with clinical placements at training practices affiliated to this centre, or training practices otherwise approved by me as suitable environments for training and assessment.

- I recognise my obligation to ensure the candidate for whom application is being made will:
 - i. complete an accredited programme of veterinary nurse education of a minimum of 94 weeks (equivalent to 2,990 hours) and be placed or employed for a minimum of 1,800 hours in clinical veterinary practice with an appropriate caseload and facilities.
 - ii. be supported in practice and assessed to meet the RCVS Day One Competences for Veterinary Nurses and the RCVS Day One Skills for Veterinary Nurses.
 - iii. be provided with day to day supervision of his/her work as a student veterinary nurse both in relation to developing his/her competence and in accordance with the requirements of Schedule 3 of the Veterinary Surgeons Act.
 - iv. be required to undertake, and achieve, all units or modules deemed a compulsory part of the approved programme leading to qualification as a veterinary nurse.
- I confirm that the applicant's passport / national identity card or birth and official change of name documents has been checked
- I confirm that I will notify the RCVS in writing if the student withdraws or is removed from training in order that his/her enrolment as a student veterinary nurse may be terminated.

I, as Head of Centre, approve the submission of this application for transfer of centre/training practice.

Signature:



Date:

Name (*print*):

Judith Parry

Student's Declaration

I confirm that the details above are correct and that I wish to change centre/training practice. I understand that work completed to date will be reviewed by the new centre and may not be accepted by the receiving centre part way through my training. I understand that this may affect the time it takes me to complete my training and that I may be required to complete additional assessments in order to achieve my qualification and be eligible to enter the Register of Veterinary Nurses.

Signature:

Date:

Name (*print*):