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 **The International School Of Veterinary Nursing**

 **Prerequisite Exemption Form**

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| **Students Details** |
| **Mr Mrs Miss Ms**  |
| Last Name  |  |
| Given Name  | Postcode |
| Address | Phone Number  |
| Email  |
| **Veterinary nurse qualifications currently or previously being undertaken:**\*\****Please attach copy of enrolment confirmation.*** |
| ***Name of qualification being undertaken or completed*** |  |
| ***Where studying***  |  |
| ***Date due to qualify or when qualified*** |  |

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 **Prerequisite Exemption Form**

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| **Name Of Clinic Director** |
| **Mr Mrs Miss Ms**  |
| Name Of Clinic |  |
| Address Of Clinic  | Postcode |
| State | Phone Number |
| Email  |
| ***How long has the student been working at your vet clinic. This includes paid and unpaid work***  |  |
| ***Will you or another qualified person train the student whilst they are completing their veterinary nurse studies?***  |  |
| ***Signature Of Vet Director*** | Date |
| **Once this form is complete**  |
| In order to be exempt from the veterinary nursing certification prerequisites, students must have this form signed by their vet director. Students must be working in a vet clinic to be eligible for an exemption.  |