

## Student's record of Practical Veterinary Nurse Training

This record must be kept up-to-date by the student. It should be signed by the **Training Practice Principal** of the **approved Training Practice** in question when:

- The student **leaves employment or placement** at a Training Practice (TP) and/or
- The student **completes attendance** at a higher education or full-time veterinary nursing course

*The signatory should ensure that all data entered on this record is accurate. Signatures are routinely checked and audited.*

*If you are unsure who your Training Practice Principal is, please contact the Veterinary Nursing Department at the RCVS for advice.*

### Please ensure:

- All amendments made to entries on the Record of Training or absence are countersigned and re-dated by the Training Practice Principal (or Head of Centre where appropriate)
- The 'from' date for practical training does not precede your enrolment date
- The hours per week do not include call
- All dates given are specific (dd/mm/yyyy)
- All signatures provided are original

Please call the RCVS if the date of enrolment is not known.

Surname:	
Forename(s):	

Enrolment no:		Date of enrolment:	
Level 3 Diploma students only:	Employed student	Placement student	

Name and full address of Training Practice including postcode: <i>This MUST be the veterinary practice where the student is working. Time spent in unapproved branch surgeries cannot be counted towards veterinary nurse training.</i>	Period of employment or practical placement as an enrolled student <i>Please give exact dates</i>		A Number of weeks	B Absence during this period <i>(divide days by 5 to give weeks absent)</i>		C Full weeks counting towards training <i>(A minus B2)</i>	D Hours Per Week <i>(excluding on-call or overtime)</i>	E Total hours counting towards training <i>(C x D)</i>	Signature of Training Practice Principal <i>I certify that, to the best of my knowledge and belief, the above named student completed the period of clinical training indicated in column C</i>	Date	
	From	To		B1 Days	B2 Weeks						
<b>Please complete the name and full address</b> of the practice – we need to see where the training took place.	<b>This cannot be</b> before the enrolment start date.								Print name:	<b>This must be the</b> veterinary surgeon responsible for veterinary nurse training as identified on the TP approval documentation – if in doubt please contact RCVS.	<b>Please ensure the</b> Principal dates this at the point of signing
<b>All corrections must be</b> crossed out and counter-signed and dated by the Training Practice Principal – <b>do not use correction fluid</b>	<b>Exact dates</b> are needed in these columns.								Print name:		
Joe Blogs Vet Practice, Dog Lane, Barking, NE4 9LU									Print name:		
									Print name:		
<b>Students in higher education only</b>	I hereby confirm that the student named above has completed a minimum of 1800 hours) in practice placements as set out above.					Signature of Head of Centre:					

Please attach a continuation sheet if necessary

### Record of Absence and Leave

A record of all periods of annual leave and absence must be kept. These periods must not be counted towards time spent in training.

An absence constitutes any day in which you are **contracted** to work in practice but are absent for any reason and thus **not actively engaged in training**. This must include any **annual leave, bank holidays, sick leave, compassionate leave** or leave of any other kind.

You will need to take your total days absent, convert them into weeks (divide by 5 working days) and subtract them from your weeks in training to calculate your final weeks counting towards training.

Name:	
Enrolment no:	

Dates:	Days:	Reason: (annual leave, sickness etc.)	Signature of Training Practice Principal:	Date signed:
<div data-bbox="152 847 524 1145" style="background-color: #FF9933; padding: 10px; border: 1px solid #000; border-radius: 10px;">                     Please include the exact dates of any absence days; this includes any <b>annual leave, bank holidays, sick leave, compassionate leave</b> or leave of any other kind.                 </div>				

Dates:	Days:	Reason: (annual leave, sickness etc.)	Signature of Practice Principal:	Date signed:

All absences must be signed and dated by the nominated Training Practice Principal.

## Student's Record of Veterinary Nurse Training

### This is an important document

It provides essential evidence of training required by the Royal College of Veterinary Surgeons in order to process an application for entry to the Register of Veterinary Nurses.

The information and signatures herein will be subject to audit checks

Name:	
Enrolment Number:	

This Record of Education and Training must provide evidence that you have completed the mandatory period of veterinary nurse education and practical training, as set out in the *Veterinary Nurse Registration Rules 2014*.

- You must show that you have completed a minimum of **94 weeks (not less than 2990 hours)** in training as part of an accredited further or higher education qualification. *This includes both your practical experience whilst employed, or on placement from your college, in an approved training practice and your time attending college.*
- Your training programme must include a minimum of **1800 hours** employed, or on placement, in an approved training practice **in addition to your taught university or college course.**

Your period of practical training shown in this record must be based on your **normal contracted or agreed working hours** and must exclude your annual leave, and other absences including sick leave and bank holidays, overtime and on call time.

### Checklist – please complete this before submitting to the RCVS

1	Record of Practical Training signed and dated by Training Practice Principal	
2	Record of Absence signed and dated by Training Practice Principal	
3	Record of Education signed and dated by Head of Centre	
4	All amendments/alterations to record countersigned and re-dated by TPP (or Head of Centre where appropriate)	
5	No photocopied records included	
6	No training time counted prior to enrolment date	
7	No fields left blank	

### Summary of Veterinary Nurse Training

	Final Weeks	Final Hours
Training in Practice		
Training in College	N / A	
<b>Total time:</b>		
I hereby confirm that I have completed the required <b>94 weeks (not less than 2990 hours)</b> in Veterinary Nurse Training, at least <b>1800 hours</b> of which were completed in an approved training practice.	Signature of student:	

## Record of Veterinary Nurse Education

This provides a record of the student's education in support of practical veterinary nurse training. This should be completed each term and signed by the **Head of Centre**.

Please ensure that any amendments or alterations made to this record are **countersigned and re-dated** by the Head of Centre.

Name:	
Enrolment no:	

Centre:		Centre no:		Commenced (date):		Completed (date):	
Centre:		Centre no:		Commenced (date):		Completed (date):	

Title of course/term no:	Dates attended: (from – to)	Absences from course (days):	A Total Number of days attended excluding absences:	B Hours in a typical course day (excluding break times):	Total hours spent in education (A x B)	Signature of Head of Centre:	Date:

This page should be completed by a member of centre staff and signed by the Head of Centre.