

# EMS APPLICATION FORM



## Personal Details

Mr/Mrs/Miss/Ms		Address (inc post code):	
Surname:			
First Names:			
Date of Birth:	Age:		Email:
Mobile :			

## University details

Name:	Topics you are currently studying: - - - - -
Telephone Number:	
Name of EMS Co-ordinator:	
Year	

## When would you like your EMS placement to be?

We will try and accommodate your request but cannot guarantee this

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Please give details of previous work experience or previous EMS placements.

**Please list key objectives you wish to meet whilst on EMS placement with us**

**Potential field(s) you would like to work in after completing university**

**Thank you for completing this application form, please complete and send back as detailed below together with a copy of your CV.  
We will endeavour to respond to you within 4 weeks of receipt of your completed form.**

**Signature of student..... Date.....**

Please return form  
to:

Cassie Dean RVN, Dip AVN, Cert (PM&A)  
Clinical Care Manager  
Park House Veterinary Centre  
108 Lichfield Road  
Stafford  
ST17 4ER  
Email: [Cassie@parkhousevets.co.uk](mailto:Cassie@parkhousevets.co.uk)

**For office use only**

Date received	Response Email sent	Interview date	Placement confirmed Y/N	Student notified of acceptance/ rejection