

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

EMS Placements Co-ordinator
Park House Veterinary Centre
108 Lichfield Road
Stafford
ST17 4ER
Email: placements@parkhousevets.co.uk

For office use only

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