**Veterinary Postgraduate Unit**

**Veterinary Physiotherapy Postgraduate Dip/MSc – Part Time**

Student Application Form – 2024/25

Have you attended the University of Liverpool before? Yes No

If yes please provide your Student Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1 – Enrolment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Title:** |  |
| **Full Forenames.** |  | | |
| **Email Address:** |  | | |
| **Home Address & Postcode**: |  | | |
| **Term Address & Postcode**  (If different from above): |  | | |
| **Practice Name & Postcode** |  | | |
| **Daytime Tel. No:** |  | | |
| **Mobile No:** |  | | |

**Section 2 – Current Experience**

|  |  |
| --- | --- |
| **Which area of physiotherapy are you currently working in e.g. out patients, paediatrics, etc?** |  |
| **What, if any, previous animal handling experience do you have?** |  |
| **Please enter your CSP Registration No.** |  |
| **Are you a member of ACPAT or HCP?** |  |
| **ACPAT/HCP No.** |  |

**Section 3 – Personal Details**

The University of Liverpool is required by the Office for Students, its UK government regulator and funder, to collect statistical information about its student body. This information is returned to HESA (Higher Education Statistics Agency) as the higher education designated data body for England. Data has to be returned for each student and is linked to their student ID number.

Please could you take a few minutes to answer the following questions which are required by HESA. Should you not wish to declare this information you are free to select an answer such as ‘Information Refused’ where this is listed as an option. This data is then used by the Office for Students and the UK government to support the regulation and funding of higher education providers. The potential uses of this data and related notices can be found here: <https://www.hesa.ac.uk/about/regulation/data-protection/notices>

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male: Female Other (please state)

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile Address & Postcode (Permanent home address prior to entry to the course):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency status: UK Non-UK

**Qualifications**

Please state highest qualification attained prior to commencing the programme. Please note full academic transcript must be provided.

|  |  |
| --- | --- |
| **Qualification:** |  |
| **Name of College/University:** |  |
| **Country and City where College/University is situated:** |  |
| **Date of Qualification:** |  |

**Ethnic Origin** (Please tick as appropriate)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10** | **White** |  | **32** | **Asian or Asian British Pakistani** |  | **43** | **Mixed Asian White & Asian** |  |
| **15** | **Gypsy or Traveller** |  | **33** | **Asian or Asian British Bangladeshi** |  | **49** | **Other Mixed background** |  |
| **21** | **Black or Black British Caribbean** |  | **34** | **Chinese** |  | **50** | **Arab** |  |
| **22** | **Black or Black British** |  | **39** | **Other Asian background** |  | **80** | **Other Ethnic background** |  |
| **29** | **Other Black background** |  | **41** | **Mixed White & Black** |  | **90** | **Not known** |  |
| **31** | **Asian or Asian British Indian** |  | **42** | **Mixed White and Black African** |  | **98** | **Information refused/prefer not to say** |  |

**Disability** (Please tick as appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **0** | **No known disability** |  | **55** | **A mental health condition such as depression, schizophrenia or anxiety disorder** |  |
| **8** | **Two or more impairments and/or disabling medical conditions** |  | **56** | **A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches** |  |
| **51** | **A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D** |  | **57** | **Deaf or a serious hearing impairment** |  |
| **53** | **A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder** |  | **58** | **Blind or a serious visual impairment uncorrected by glasses** |  |
| **54** | **A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy** |  | **96** | **A disability, impairment or medical condition that in not listed above** |  |

**Religious Belief** (Please tick as appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **No religion** |  | **12** | **Muslim** |  |
| **2** | **Buddhist** |  | **13** | **Sikh** |  |
| **3** | **Christian** |  | **14** | **Spiritual** |  |
| **10** | **Hindu** |  | **80** | **Any** |  |
| **11** | **Jewish** |  | **98** | **Information refused** |  |

Please use this section to explain your reasons for wishing to pursue this qualification (continue on a separate sheet if necessary & attach).

**Declaration**

I agree to the University processing personal data contained in this form, or other data, which the University may obtain from me or other sources. I agree to the processing of such data for any purpose connected with my studies or my health, welfare and safety, or for any other legitimate reason.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check List:**

Please ensure your application has the following supporting documentation. If your application is missing **any** of the below it **will not** be processed:

* Copy of degree certificate(s)

*Your Physiotherapy degree must be included as well as the highest tertiary award.*

* Copy of **full** academic transcripts

*At least one of these must state clearly the award level i.e. 2.1, 2.2 (UK), or international equivalent.*

* *At least one academic reference for applicants with award level 2.2 who also wish to be considered for PgDip or MSc part time, signed and with business letterhead.*

*Applicants wishing to apply who have only achieved 2.2 will be considered on a case by case basis. In order to be considered, academic references supporting academic experience and aptitude will be required. For MSc applicants, references should also support research experience and aptitude.*

* One reference from a Physiotherapist registered CPS or HCPC, **signed** and with business letterhead.
* One reference from a registered Veterinarian (MRCVS, FRCVS, or international equivalent), **signed** and with business letterhead.
* **For applicants for the part time MSc only –**

Completed Master’s in Veterinary Physiotherapy Additional Information Form

* **For applicants from a country where English in not the first language only** –

Evidence of attainment of English at a minimum IELTS score of 7 or equivalent

**Booking Deadline 2nd April 2024**

All applicants will be interviewed for their suitability for the respective programme they have applied for.

**Interview Dates:** Either 30th April, 1st May or 3rd May

**Please complete and return this form by email or post to:**

Veterinary Postgraduate Unit, School of Veterinary Science, University of Liverpool, Leahurst Campus, Neston, Wirral, CH64 7TE

Email: [vpuoffice@liverpool.ac.uk](mailto:vpuoffice@liverpool.ac.uk)

Tel: 0151 794 6016