



TUS

**Technological University of the Shannon:
Midlands Midwest**
Ollscoil Teicneolaíochta na Sionainne:
Lár Tíre Iarthar Láir



Bachelor of Science in Veterinary Nursing – Level 7
Form for Technological University of the Shannon, Athlone Campus
Practice Registration

Section A

Please complete your practice details (block capitals):

Name of Practice Principal _____
(Veterinary surgeon)

Name of Student Supervisor _____
(Veterinary surgeon (V.S) or registered veterinary nurse (RVN) name and VCI
registration number)

Practice Name _____

Practice Address _____

Practice Telephone _____

Practice Email address _____



In order to comply with Technological University of the Shannon, Athlone Campus - registered veterinary nurse training, your practice must comply with one of the options below, in accordance with the VCI Premises Accreditation Scheme Veterinary Standards Document:

1. Registered Veterinary Clinic (RVC)
2. Registered Veterinary Hospital (RVH)
3. Registered Veterinary Practice (RVP) (Large Animal Placement Only)

Please tick one of the above

(Date of Issue 8/01/07 Premises Accreditation Scheme (PAS). Details of these requirements are available from Veterinary Council of Ireland, 53 Lansdowne Road, Ballsbridge, Dublin 4

(+353 (0)1 668 4402 • +353 (0)1 660 4373 * info@vci.ie • www.vci.ie)

Section B

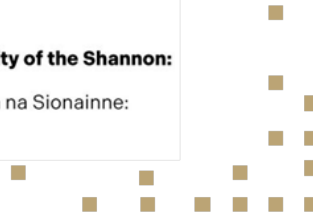
Please answer the questions outlined below in the space provided as it relates to your veterinary practice:

1. Is this practice in compliance with relevant legislation relating to health and safety, radiation protection, animal remedies and clinical waste management?
(yes/no) _____
2. Will the student be offered adequate support, supervision and encouragement in the progression of his/her training and will this be given a high level of priority within the practice?
(yes/no) _____
3. In the course of the day's veterinary activities, will the student be awarded adequate time and opportunity to interact with the vets and vet nurses in order to maximise learning opportunity, e.g. in the form of learning clinical practical tasks, discussing case management and offering client advice?
(yes/no) _____



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4. What % of the student's time do you expect him/her to spend on veterinary nursing duties? (this is to include clinic hygiene and maintenance and reception duties as well as clinical nursing)

5. What is the average case load of patients seen by this practice per week? (this may include both inpatients and outpatients, both large and small animal species)

6. Does the practice have appropriate anaesthetic facilities in accordance with VCI Premises Accreditation Standards?
(yes/no) _____

7. Does the practice have appropriate diagnostic imaging facilities in accordance with VCI Premises Accreditation Standards?
(yes/no) _____

8. Does the practice have appropriate laboratory facilities in accordance with VCI Premises Accreditation Standards *or* alternatively established links with a veterinary diagnostic laboratory where the student may gain experience?
(please indicate yes/no and name official lab used by the practice) _____

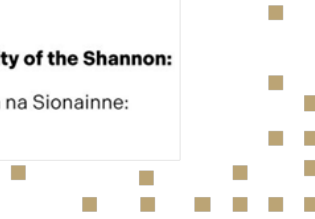
9. Does the practice have separate allocated rooms for consultation, treatment and surgical procedures as outlined by VCI Premises Accreditation Standards?
(yes/no) _____

10. Does the practice employ registered Veterinary Nurses (RVN)?
(please indicate yes/no and how many)



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Section C

Please acknowledge and sign the declaration below.

I have been made aware of the criteria for Technological University of the Shannon registration of veterinary practices in relation to training veterinary nurses studying for the BSC. Veterinary Nursing in TUS. I hereby declare all of the above information to be true and accurate.

I am willing to allow inspection of my premises by a member of the Vet Nurse training team of Technological University of the Shannon, if the need arises.

I certify that the above practice meets these criteria and wish to apply to enter onto the Technological University of the Shannon practice register.

Signed: _____ Date: _____
(Practice principal)

Block Capitals: _____

Practice Stamp: