



INSTITUTE of VETERINARY SCIENCE

Declaration Form for BVSc Students

Please complete Sections A, B and (if appropriate) Section C

SECTION A – Criminal Convictions

Do you have any criminal convictions other than driving offences? Yes No

Failure to declare a relevant criminal conviction at any point during the admissions process, your application will be considered to be fraudulent and the University will retain the right to withdraw your application. If you have been made an offer by the University, then we may in these circumstances withdraw or amend that offer. If you have been admitted as a student, you may be subject to disciplinary action which could result in your expulsion from the university.

SECTION B – Fitness to Practise

It is important that you disclose any disabilities or medical conditions which may affect your ability to practise as a Veterinary Surgeon. Anything you disclose will not automatically debar you from joining the course. Anything that is not declared, which directly relates to your ability to practise as a Veterinary Surgeon could result in termination of your studies. Occasionally, medical conditions or disabilities arise while students are on the BVSc course. In these situations, the Institute will offer support and advice to facilitate graduation from the University.

I declare that I currently have **NO** disability or medical condition with would prevent me from functioning as a fully competent Veterinary Surgeon and fulfilling the rigorous demands of professional practice, and I promise to inform the Institute should I develop any such disability prior to commencement of the course.

Signed: Name:
(please print)

UCAS ID No: Date:

SECTION C – Disabilities/Medical Conditions which may require special support

I declare that I have the following disability (including dyslexia)/medical condition and I am willing for my doctor/consultant to be contacted if necessary.

Disability/medical condition:

Contact: Tel:
(e.g. doctor/consultant/educational psychologist) (if known)

Contact Address:
(if known)

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Signed: Name:
(please print)

UCAS ID No: Date: