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|  | **CPD Mini Module****Booking Form** |
|  |
| Please indicate which module you wish to commence by inserting your chosen ‘Start Date’ against the module required |
| **Please select the module you wish to study and when. Deadline for bookings is 4 weeks before start date.** |
| **Module Title** | **Start Date** | **Total** |
| **3rd November 2025** |
| Small Animal Emergency and Critical Care |  |  | £435 |
| Small Animal Medicine |  |  | £435 |
| Equine Practice |  |  | £435 |
| Equine Medicine |  |  | £435 |
| **Total Due** | **£** |
| **PERSONAL DETAILS** |
| Forename(s): | Surname: | Title: |
| Address: |
| Post code: E-mail:  | Tel: |
|  If any of the details in this section are different to those you originally registered with, please tick this box 🞏 |  |
| **FURTHER INFORMATION** |
| Have you already completed a module with the University of Liverpool? | 🞏Mini-module(s) | 🞏 CertAVP/VBM |
| If yes, please include your student ID number: |  |
| If yes, please include your date of birth: |  |
| **IF NO, PLEASE COMPLETE FORM OVERLEAF** |
| **PAYMENT DETAILS** |
| **Payment by Cheque** |
| **Please make cheques payable to:** The University of Liverpool | **Cheque enclosed:** | **£** |
| **Payment by Credit/Debit Card** |
| If you would like to pay by credit/debit card please return your completed booking form and we will send you an email with directions to a secure website within the University system where you will be able to complete your payment. Alternatively, we can accept card details by phone, and a member of the team will call you to take your card details. **Please indicate which method you would prefer:** |
| **Online** (Contact details) |  | **Telephone** (Contact details) |  |
| **We are unable to issue invoices for payment. We cannot accept payment by bank transfer / BACS.** |
| **Please ensure that we receive your booking form by the appropriate enrolment closing date:** |
| 24th October 2025For3rd November 2025 |
| **BOOKINGS RECEIVED AFTER THE CLOSING DATE WILL NOT BE ACCEPTED** |
| **Please return your completed form by email or post to:** |
| **Veterinary Postgraduate Unit, University of Liverpool, School of Veterinary Science,****Leahurst, Neston, Wirral, CH64 7TE** |
| **Tel:** | (0151) 794 6016 |  | **Email:** | vpuoffice@liverpool.ac.uk |
| **FOR OFFICE USE ONLY** |
| **Date received:** |  |
| **Cheque** | Issued by: |  | Amount: |  |
| **Reference Number:** |  |
| **Online Store** | Link: | Date & Initial | **Telephone** | Conf.: | Date & Initial |
| **Receipt** | Date & Initial |

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| **ENROLMENT DETAILS** |
|  |
| Practice Name & Address |  |
| Where did you hear about the modules delivered by the University of Liverpool? | UoL VPU Website | IVIS Website | IVIS Email | FindCPD.com | VetSurgeon.com | Search Engine | Other (please state) |
|  |  |  |  |  |  |  |
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| **PERSONAL DETAILS** |
| The University of Liverpool is required by the Higher Education Statistics Agency (HESA) to request the information in this section. The information is solely for statistical analysis and is covered by the Data Protection Act. |
| Date of Birth (dd/mm/yy) |  | Is your residency status: | UK |  | √ |
| Gender (Male/Female) |  | EU |  | √ |
| Nationality |  | NON-EU |  | √ |
|  |
| **QUALIFICATIONS** |
| **Qualifications:** Delegates must hold a veterinary qualification as well as being currently an MRCVS or eligible to do so, and at least one year’s experience working as a practising veterinarian. Please state **highest** qualification attained before commencing module. |
| Qualification |  |
| Name of College / University |  |
| City and Country where College / University is situated |  |
| Date of Qualification |  |
|  |
| **ETHNIC ORIGIN** |
| **Ethnic Origin:** Please tick as appropriate (it is not compulsory to complete this section) |
| **10** | **White** |  | **31** | **Asian / Asian British – Indian** |  | **42** | **Mixed – White & Black African** |  |
| **21** | **Black / Black British – Caribbean** |  | **32** | **Asian / Asian British – Pakistani** |  | **43** | **Mixed – White & Asian** |  |
| **22** | **Black / Black British – African** |  | **33** | **Asian / Asian British – Bangladeshi** |  | **49** | **Other Mixed background** |  |
| **29** | **Other Black background** |  | **34** | **Chinese / Other Ethnic background – Chinese** |  | **80** | **Other Ethnic background** |  |
| **39** | **Other Asian background** |  | **41** | **Mixed – White & Black Caribbean** |  | **90** | **Not known** |  |
|  |
| **DISABILITY** |
| **Disability:** Please tick as appropriate |
| Do you have a disability | Yes/No | Are you registered disabled? | Yes/No |
| If yes, what is the nature of your disability? |
|  |
| **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:** |  |