

Name:

WREXHAM

Daleside Veterinary Group, Main Road, Rhosrobin Wrexham, LL11 4RL Pets 01978 311 881

Farm 01978 311 444

Email hello@dalesidevets.co.uk Fax 01978 311 555

PENYFFORDD

Daleside Veterinary Group, 27 Hawarden Rd, Penyffordd, CH4 OJD

Pets 01244 543 211

Email hello@dalesidevets.co.uk

SHOTTON

Daleside Veterinary Group, 97 Chester Rd East, Shotton, Deeside, Flintshire, CH5 1QB

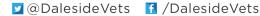
Pets 01244 830 065

Email hello@dalesidevets.co.uk Fax 01244 814 488

Application for Clinical EMS

Address:
University:
Year of Study:
Please state which dates you would like placement for:
1. What area of veterinary medicine do you intend to work in?
2. What interests you about farm animal medicine?
3. Why do you want to see practice with Daleside Veterinary Group?











WREXHAM

Daleside Veterinary Group, Main Road, Rhosrobin Wrexham, LL11 4RL Pets 01978 311 881

Farm 01978 311 444 Email hello@dalesidevets.co.uk

Fax 01978 311 555

PENYFFORDD

Daleside Veterinary Group, 27 Hawarden Rd, Penyffordd, CH4 OJD

Pets 01244 543 211

Email hello@dalesidevets.co.uk

SHOTTON

Daleside Veterinary Group, 97 Chester Rd East, Shotton, Deeside, Flintshire, CH5 1QB

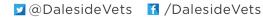
Pets 01244 830 065

Email hello@dalesidevets.co.uk Fax 01244 814 488

4. Are you able to provide your own accommodation? If so, where?
5. Do you have your own car or a mode of transport?
6. Are you willing to attend calls out-of-hours?
7. Finally, describe in 60 words what you hope to gain from seeing practice with Daleside Veterinary Group in North Wales?
Please return your application form along with written references from a farm where you have gained experience, and any veterinary placements you have completed to charlotte@dalesidevets.co.uk



Signed.....



Date.....



