



## THE CEVA ANIMAL HEALTH BEHAVIOUR BURSARY 2010

1. 2 bursaries, to a total value of £1000 from CEVA may be awarded each year.
2. The bursaries may be awarded to applicants who would like to undertake the BVNA Companion Animal Behaviour Course.
3. The bursaries are intended to meet the full cost of course fees.
4. Bursaries will be awarded by a selection panel, from CEVA and BVNA.
5. A successful applicant will be expected to complete the studies and training, or other purpose, for which the bursary is awarded. If the successful candidate does not use the bursary for the purpose intended, he/she will repay all monies to BVNA, or such proportion as the panel may determine. Each holder of a bursary should make a brief report to the panel at the conclusion of the studies/training etc, for which the bursary has been awarded.
6. Applications for the bursaries will be invited each year.
7. Closing date is May 31<sup>st</sup> 2010.
8. Applications should be presented in accordance with the instructions below and addressed to Bursaries at the BVNA Office, to arrive no later than the closing date.
9. List previous and current employment, with dates, giving brief details of present employment, including name of organisation or practice and addresses.
10. State briefly your involvement in any activities/studies outside of your immediate employment, which has a bearing on your application and Veterinary Nursing.
11. Applicants will be expected to write no more than 500 words on 'How the BVNA Companion Animal Behaviour Course will improve care within their practice'.

**APPLICATION FORM FOR THE CEVA ANIMAL HEALTH BEHAVIOUR BURSARY 2010**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Postcode** \_\_\_\_\_ **Daytime Tel:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Nationality**

**(a) at birth** \_\_\_\_\_

**(b) at present** \_\_\_\_\_

**BVNA Membership No. (if applicable)** \_\_\_\_\_

**STUDENT VN**

**Date of Enrolment** \_\_\_\_\_

**Enrolment No.** \_\_\_\_\_

**Examinations passed with dates** \_\_\_\_\_  
**(and/or examinations to be taken** \_\_\_\_\_  
**in Summer of this year)** \_\_\_\_\_

**QUALIFIED VN**

**Date of Qualification** \_\_\_\_\_

**VN Number** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to:

BVNA, 82 Greenway Business Centre, Harlow Business Park, Harlow, Essex CM19 5QE  
Tel: 01279 408644 Fax: 01279 408645 E-mail: [bvna@bvna.co.uk](mailto:bvna@bvna.co.uk) Website: [www.bvna.org.uk](http://www.bvna.org.uk)