



DENTAL
LEADERSHIP

www.dental-leadership.co.uk

Application for the Pfizer Animal Health Bursary for the BVNA Veterinary Nursing Certificate in Dentistry 2011



Pfizer Animal Health is offering a Bursary to encourage Dental Leadership, and will be awarding one successful applicant with £1,600 each to cover all of the course elements. Please complete this application or visit www.dental-leadership.co.uk for an online form.

1. Full name:	
2. Preferred title/form of address:	
3. Full home postal address:	
4. E-mail address:	
5. Home telephone number:	
6. Mobile telephone number:	
7. Are you a qualified Veterinary Nurse?	Yes / No
8. VN Number:	
9. Registration/Listing date:	
10. BVNA membership number:	
11. Full name and address of employer:	
12. Daytime telephone number:	
13. Work e-mail address:	
14. Date of birth:	

<p>15. Please give a brief work history, including any relevant CPD, memberships, dental work, or congresses/lectures you have attended. (You may continue on a separate sheet if needed, numbered as 15):</p>	
<p>16. Please give details of any and all qualifications which you already hold:</p>	
<p>17. Length of time with current employer:</p>	
<p>18. We need a reference from the senior veterinary surgeon in your practice. <u>Please pass on the reference form, and return it together with this application</u></p>	
<p>19. In not more than 300 words, please tell us why you wish to complete the Veterinary Nurse Certificate in Dentistry</p> <p><i>(You may submit a separate typewritten sheet on this if you wish – please make sure that your full name appears at the top of the sheet and title it No.19).</i></p>	
<p>20. In not more than 150 words, please give the main benefits which your practice will derive from you completing the course. Bullet points are acceptable for this answer.</p> <p><i>(Again, you may use a separate sheet if you wish, but be sure to put your name at the top and title it No.20)</i></p>	

<p>21. In not more than 150 words (bullet points are acceptable), please indicate how you see the role of the veterinary nurse changing in the next decade.</p> <p><i>(Again, you may use a separate sheet if you wish, but be sure to put your name at the top and title it No.21)</i></p>	
<p>22. Is there anything else that you would like to tell the judges in support of your application?</p>	
<p>23. Your signature:</p>	<p>By applying for this Pfizer dental bursary, I agree to further press coverage on myself and the veterinary surgery where I work, if I am successful.</p>
<p>24. Date:</p>	

All applications must be received by **31st August 2010**, after which short-listed applicants may be called for a brief interview, (travel expenses will be reimbursed.) The decision of the judges is final. By submitting this application, you confirm that you are in all respects willing and able to complete the BVNA Veterinary Nurse Certificate in Dentistry. If you fail to complete the course, you agree to pay back all monies pre-paid and outstanding, except for extreme extenuating circumstances that will be considered.

Applications should be posted to:

BVNA Veterinary Nursing Certificate in Dentistry, 82 Greenway Business Centre, Harlow Business Park, Harlow, Essex CM19 5QE



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We need a reference from a senior veterinary surgeon working at the practice from which the applicant has applied for the BVNA Certificate in Dentistry course.

If the applicant is successful, they will receive one of two Pfizer bursary awards to the value of £1,600 to cover all costs on the BVNA Certificate in Dentistry course. Your practice may also receive publicity surrounding the award and course, which could help to increase the profile of your business offerings.

Please complete the form and then print to sign, before posting with the main application. [Typewritten preferred]. The judges or BVNA may wish to contact you to further clarify points on this reference.

1) Senior veterinary surgeon name:

2) Practice address (inc. Postcode):

3) Telephone:

4) Name of applicant:

5) How suitable do you think the applicant is to do this course and why (continue on separate sheet if necessary)?

6) Why do you think they want to take this course? (continue on separate sheet if necessary)

7) Is there an opportunity for a specific veterinary nurse dentistry role in the practice to be carried out on completion of the course?

8) Does the candidate have any previous experience in dentistry or related subjects?

9) How have they shown themselves to be keen on this area?

Signature:

Date:

Reference and completed Application Form should be posted to:

BVNA, 82 Greenway Business Centre, Harlow Business Park, Harlow, Essex, CM19 5QE