

Application Form

Surname:		
First Names:		
Address:		
Email Address:		
Mobile Phone:		
Phone:		
Date of Birth:		
Vet School/Secondary Sc	hool attended (delete as applicable)	
Address:		
Level of study during pla	cement:	
Anticipated Graduation I	Date:	
Clinic that you are applyi	ing for: Narberth (Hospital + Ambulatory) or Cowbridge (Ambula	atory only)
Preferred dates of Exterr	nship/work experience:	
1		
2		
3		
Date:		
Signaturo		
Signature:		

Please attach a current curriculum vitae and covering letter describing all equine experience (if any) and any pertinent information you consider valuable in consideration of your application for internship.





COTTS EQUINE HOSPITAL CONFIDENTIALITY AGREEMENT

The veterinary treatment and examination of any animal is strictly confidential

We treat our doctor / client / patient relationship with our highest respect. For legal and professional reasons, we do not discuss the diagnosis, treatment, prognosis or any other aspect of our cases with anyone other than the owner of the horse.

Some of our clients include racehorse trainers and equestrian professionals active nationally and internationally; you may come across horses you have heard of, who are famous locally or nationally. It is critical that you do not discuss the specific details of any animals or owners you may have visited in the course of seeing practice at Cotts Equine.

As a student, employee or assistant at Cotts Equine Hospital, we ask that you maintain this confidentiality. If pressed on this issue, you may simply reply that you have signed a confidentiality agreement and are not able to speak about business at the hospital.

With the rise of social media, it is also important to remember that you may **NOT** post any pictures or make any references to names of patients or clients on any websites including, but not restricted to, Facebook, Twitter, Instagram etc.

Students are not permitted to use the practice computers at any time due to data protection legislation.

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Signature:

Date:

