

Providing Temporary Full Time Practical Experience and Career Development Opportunities for Veterinary and Animal Health Technology Students

Please read the back of this form prior to completion. Also, please print clearly.

1. Employer Information

Clinic Name in Full (please be accurate, including Ltd, Inc. etc.)		Percentage of Companion and Food Sector animal	
		Companion _____ %	Livestock work _____ %
Mailing Address	City or Town	Postal Code	Fax Number
Last Name and First Name of Employing Veterinarian (note: must have ownership in above clinic)		Phone Number (s)	E-mail address
Does the employing veterinarian have ownership (20% or more) in more than one clinic in Alberta? Yes _____ No _____		If Yes, will another clinic be submitting an application under the VWEP also? Yes _____ No _____	
How many years have you participated in this program?			

2. Employee (Information must be complete at time of application submission).

Last Name	First Name	Phone Number before May 1	Are you related to anyone working at the employing veterinary clinic? Yes _____ No _____	
Mailing Address after May 1	City or Town	Province	Postal Code	Phone Number after May 1
How many years have you participated in this program?				

3. Employee Emergency Contact Information

Last Name	First Name	Relationship to Employee	Phone Number
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4. Employee Education Details

Type of Student (check one) ____ Veterinary Medicine ____ Animal Health Technology	Name and Location of Post secondary Institution	Number of years completed as of this summer	Returning to school in the Fall? Yes _____ No _____	<u>Veterinary Students ONLY:</u> Residing Province 12 months prior to entering first year of Veterinary Medicine:
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5. Employee Job Duties and Training Opportunities (please list in detail - attach a separate sheet if necessary)

6. Contract Information (please be as accurate as possible)

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hrs/Day	Days/Wk	Total wks of continuous F/T employment	Gross monthly wage	Is the employee working F/T for the employer prior to the start date of the program? Yes _____ No _____
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7. Declaration

We declare that the information given above is accurate and true to the best of our knowledge. We acknowledge that submitting this application in no way guarantees funding. Upon written approval, the terms and conditions of this contract and all provisions of the Veterinary Work Experience Program Guidelines become a legally binding agreement. We have read and understand the Program Guidelines of this agreement and agree to follow them.

Signature of Employing Veterinarian Date _____
Student Signature Date

Questions? Call Program Staff at 310-FARM (3276)

Note: This personal information is being collected to determine employer and employee eligibility for Veterinary Work Experience Program funding under the authority of the Government Organization Act. It is subject to the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact the Program Coordinator at 310-FARM (3276)

Check: *Have all sections been completed in full?* If so, please **fax to 403-742-7527. Original can be mailed.** Thank you.