# EXTRAMURAL STUDY (EMS) AWARD SCHEME

**APPLICATION FORM**

1. **Name:**

 **Date of birth:**

 **University:**

 **Year of Study:**

 **Contact Address** *(Please tick address for correspondence)*

 **University:**

 **Home:**

*.*

 **Contact phone numbers**

 University:

 Home:

 E-mail address:

2. **EMS in PUBLIC HEALTH AND FOOD SAFETY take place in two continuous weeks in July each year**

 Deadline for applications is before **May 15st**.

State your current semester of veterinary studies

 Will you have your own transport during your seeing practice? YES / NO

3. **Declaration by student making the application:**

I have read all the information included in the pack with the application form. I confirm that I am seeking an award on this Scheme for reasons of veterinary education. I shall respect the confidentiality of the designated establishment chosen for my placement and its work. I will complete and return the questionnaire after finishing my period of seeing practice.

In connection with my stay during the participation in The Extramural Studies Scheme in **PUBLIC HEALTH AND FOOD SAFETY**, mediated by EVERI (European Veterinarians in Education, Research and Industry), I hereby declare that I participate at my own risk, and that I myself, if needed, must organize insurance to cover any liabilities that can occur during the participation.

**Signature**:

**Date**:

**Veterinary school teaching staff responsible for extramural study arrangements**

**to complete section below:**

I confirm that the above student is currently enrolled on a veterinary degree course at the stated university and is in the stated year. I confirm that he/she has read all the paperwork provided and understands it.

**Name**: (BLOCK CAPITALS)

**Signature**:

**Date**:

**Position held**:

Please return this form to: Ellef Blakstad

The Norwegian Veterinary Association

P.o.b. 6781 St. Olavs pl, 0030 Oslo, Norway

ems.everi@fve.org,