



Application to become an Affiliated Training Practice (TP) of an Approved Centre (TOCES)

Additional Information Required for Practices Outside of the UK

Practice Details		
1	Name of practice	
2	Name of Training Practice Principal	
3	Training Practice Principal email address	
4	Is the practice a member of a Practice Standards Scheme or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Date of last inspection	
6	Name of regulatory body or veterinary association	
7	Regulatory body contact person	
8	Regulatory body contact email	
9	Name of contact for professional reference 1	
10	Email address for professional reference 1	
11	Name of contact for professional reference 2	
12	Email address for professional reference 2	
Please supply the following:		Checklist
13	Copy of evidence of regulatory body inspection report and certification	

Human Resources and Training Support

The following staff will undergo training to achieve, clinical coach/clinical supervisor status:

Name and Position	Qualification	Email Address	Registered with VN Regulator ✓
14			
15			
16			

Please supply the following for all staff involved in veterinary nurse training:

Checklist

17	Qualification certificate/s	
18	Evidence of listing/registration with veterinary regulator	
19	Curriculum vitae	
20	Current CPD record	
21	Job description	
22	Practice protocol regarding the supervision of student veterinary nursing students to include day and night duties	
23	Practice protocol regarding veterinary nurse training communication and issues	

Delivery of Training

Please supply the following for all prospective students:

Checklist

24	Contract of employment	
25	Proposed nursing rota (if required at branch practices)	

Training Scheme Documentation		
Please supply the following:		Checklist
26	Veterinary Nursing Occupational Standards relevant to country of origin	
Library and Information Technology		
Please supply the following:		Checklist
27	List of journal and reference texts available to veterinary nurses	
Safety and Record Keeping		
28	Name of person responsible for Health and Safety in Practice	
29	Contact email address	
Please supply the following:		Checklist
30	Health and Safety manual, policies and procedures	
31	Evidence of data protection policy	
In-patient Facilities		
Please supply the following:		Checklist
32	Isolation protocol and procedure	
Operating Theatre Facilities		
Please supply the following:		Checklist
33	Procedure for the maintenance of a surgically clean environment	

Anaesthesia Facilities		
Please supply the following:		Checklist
34	Records of the monitoring of anaesthetic pollutants	
35	Sample of anaesthetic record charts	
Diagnostic Imaging Facilities		
36	Name of Radiation Protection Advisor or equivalent	
37	Name of Ionising Radiation regulatory body	
Please supply the following:		Checklist
38	Document outlining ionising radiation regulations	
39	Written local rules and an exposure chart	
40	Annual servicing record of the X-ray machine	
41	Written log of all X-ray exposures	
Dispensing Facilities		
Please supply the following:		Checklist
42	Stock control and rotation procedure	
43	Sample of controlled drugs register	

List end