

Reference No.:	Date Received:
----------------	----------------

## Veterinary Student Placement Program Student Application

Applications will be accepted between **January 14, 2025** and **February 10, 2025**

### Step 1: Eligibility Requirements

- I confirm that all the following conditions are met:
- ✓ must be a Canadian citizen or Permanent Resident of Canada and a resident of Nova Scotia.
  - ✓ Confirmation of Enrollment (COE) for accredited veterinary medicine program in September (of program year).
  - ✓ Resume attached.
  - ✓ if under the age of 19, a parent or guardian signature.

**Note:** The above requirements must be met, otherwise the application will not be processed. Reference program guidelines for eligible projects, project timelines, and claim dates.

### Step 2: Applicant Information

<b>Student Name</b>					
<b>Phone Number</b>		<b>Email</b>			
<b>Mailing Address</b>					
<b>City / Town</b>		<b>County</b>		<b>Postal Code</b>	
<b>Citizenship Status</b>	<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent Resident of Canada		Continuous resident in Nova Scotia from (MM/YYYY)		

#### Self Identification

*The following section is voluntary and does not affect program eligibility. If completed, Department of Agriculture will share the provided information, identified only by a business name (farm name) or HST/GST ID, with Agriculture and Agri-Food Canada. This information will be used to improve the program and address access barriers for underrepresented and marginalized groups.*

<b>Select all that Apply</b>	<input type="checkbox"/> Youth (Individuals 40 years old and younger) <input type="checkbox"/> Woman <input type="checkbox"/> Mi'kmaq <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____	<input type="checkbox"/> African Nova Scotian <input type="checkbox"/> Not Applicable <input type="checkbox"/> Decline to identify
------------------------------	--	--

### Step 3: Educational Information

<b>Name of Accredited Post-Secondary Educational Institution</b>	
<b>Student ID #</b>	
<b>Year of Study</b>	<input type="checkbox"/> <b>Year 1</b> - Nova Scotia student who will complete their first year of study at the Atlantic Veterinary College in 2025. <input type="checkbox"/> <b>Year 2</b> - Nova Scotia student who has completed Year 1 of the program and will complete their second year of study at the Atlantic Veterinary College in 2025.

**Note:** If positions are not filled, consideration will be given to Nova Scotia students at other veterinary colleges or AVC students from other provinces.

### Step 4: Preferences

<b>Preferred farm/veterinary practice type</b>
1.
2.
3.
<b>Preferred farm/veterinary practice location</b>
1.
2.
3.
<b>OR</b>
I would prefer to work on (farm/veterinary practice name) _____, and I have made arrangements with (farm/veterinary practice contact) _____.

### Step 5: Student Details

<b>Farm experience</b>	
<b>Reference</b>	<b>Reference Phone Number</b>
1.	1.
2.	2.
3.	3.

## Declaration, Authorization and Consent

By submitting this application form, I acknowledge and agree with the following:

- I have disclosed accurate, true and complete information to the program administration to date and I will continue to provide accurate, true and complete information which is not misleading;
- that I have read the Program Guidelines and, if the application is approved in whole or in part, I agree to abide by the terms and conditions as set out in the Program Guidelines;
- I consent to the audit and verification of the information at any time prior to project commencement, during work, or upon completion of the project. Such audit and verification may be performed by the Province of Nova Scotia, Government of Canada or other parties chosen by the Nova Scotia Department of Agriculture for audit and verification purposes;
- I consent to the use and disclosure of the information by officials of the Nova Scotia Department of Agriculture, officials of programs offered by the Government of Canada or Province of Nova Scotia, and cooperating funding partners, where the information is relevant for the purposes of audit, analysis, evaluation, program development and determining program funding;
- I agree to repay any amount determined through audit or inspection that is deemed to have been provided in excess of the program funding to which I am entitled;
- I consent to the release of my name and the amount of any funding received under the Program as public information, to be actively disseminated by the Province of Nova Scotia and Government of Canada;
- I acknowledge that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPOP)*;
- I consent to representatives of the Nova Scotia Department of Agriculture contacting me to discuss the results of the Program;
- I consent to the Nova Scotia Department of Agriculture publishing the results of the Program with respect to the farm which may include my name, my farm location, the amount received and details about the projects associated with this Program; and
- I confirm that I have the authority to bind the applicant.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Return completed form and documents above to:

**Nova Scotia Department of Agriculture  
Programs**

74 Research Drive  
Bible Hill, NS B6L 2R2

**Questions?** Call 902-893-6377 or 1-866-844-4276, Fax: (902) 893-7579

Email: [prm@novascotia.ca](mailto:prm@novascotia.ca) Website: [novascotia.ca/programs](http://novascotia.ca/programs)

Je préfère recevoir tous les formulaires en français.