

Voluntary Removal Application Form

I hereby apply for the voluntary removal of my name from the List of Veterinary Nurses as from the (date) _____ on the grounds that:

(Please give your reason)

Full name _____

Signature _____

Date _____

Your details

Registration number			
Surname			
Forename(s)			
Correspondence address or home address			
	Postcode		Country
Telephone number			
Email address			

Contact details

Please return your completed and signed form using one of the following methods:

Registration Department
Royal College of Veterinary Surgeons
Belgravia House
62-64 Horseferry Road
London
SW1P 2AF

Telephone: 020 7202 0707
Fax: 020 7202 0740
Email: registration@rcvs.org.uk