

NEW ZEALAND DIPLOMA IN VETERINARY NURSING Work Experience Verification Form



Completed by Student

Name & Student Number		Contact phone & email				
List a brief summary of duties carried out in work experience this month (focus on tasks relevant to the topics you are studying).						
Completed by the Supervisor						
Supervisor Name		Contact phone & email				
Statement of verification: The above named s dates and duties designated above.	tudent is holding	a work expe	rience position super	vised by mysei	If and has worked the hours,	
Signature:Date:						
Title/position:						
Student attribute		Poor	Satisfactory	Good	Excellent	
Learning (takes initiative, aptitude and ability to learn, to direction well, strives to improve)	akes					
Work ethic (punctual, tidy appearance, quality of work, quotient of work, cooperation with staff, awareness of requirements, care of clinic equipment)						
Animal Nursing (skillful handling of animals, aware of animal crequirements)	are					
Communication (sensitivity to clients and animals, cooperation staff, communicates study needs)	with					
Comments (comments on student performance/at	tributes are encou	raged but not	compulsory):		·	
Students: subm		e signed su dle upload i	pervisor feedback fo ool	orm to the		
School of Veterinary Nursing Private Duned	Bag 1910 in 9054	Freephone 0800 762 786 info@tekotago.ac.nz Phone +64 3 477 3014 www.otagopolytechnic.ac.nz Fax +64 3 471 6871				