

SQP Enrolment Form

For office use: AMTRA student number: _____ Date of enrolment: _____

Please complete the information below in **BLOCK CAPITALS**, and sign the undertaking.

Title (e.g. Mr/Mrs): _____ Surname: _____

Forename(s): _____

Date of birth: _____

Home address: _____

Postcode: _____

Email address: _____

Daytime phone no: _____ Mobile phone: _____

Business/employer: _____ Contact name: _____

Business address: _____

Postcode: _____ Business telephone: _____

Please tick one box: send my training manual to my home address business address

Disabilities: Do you have a disability which could cause you difficulty during your course, exam or when acting as an SQP? (Tick)					
No Disability	<input type="checkbox"/> A	Specific learning difficulty e.g. dyslexia	<input type="checkbox"/> G	Physical impairment / mobility issues	<input type="checkbox"/> H
Social/communication impairment e.g. Asperger's/autism	<input type="checkbox"/> B	Mental health condition e.g. depression, anxiety disorder	<input type="checkbox"/> F	Disability, impairment or medical condition not listed above	<input type="checkbox"/> I
Blind or serious visual impairment uncorrected by glasses	<input type="checkbox"/> C	Long standing illness or health condition e.g. diabetes, epilepsy	<input type="checkbox"/> E	Two or more impairments / disabling medical conditions	<input type="checkbox"/> J
Deaf/hearing impairment	<input type="checkbox"/> D				

SQP Type	Permissible Medicines	Please tick one box	Enrolment Fee
R-SQP	All VPS Medicines	<input type="checkbox"/>	£352
G-SQP	VPS - farm animals & equines	<input type="checkbox"/>	£337
K-SQP	VPS - farm & companion animals	<input type="checkbox"/>	£337
E-SQP	VPS - equines & companion animals	<input type="checkbox"/>	£306
L-SQP	VPS - farm animals only	<input type="checkbox"/>	£316
J-SQP	VPS - equines only	<input type="checkbox"/>	£280
C-SQP	VPS - companion animals only	<input type="checkbox"/>	£280
C-SQP	as above, for Vet Nurses only	<input type="checkbox"/>	£250
A-SQP	VPS - avians including poultry (from 20/2/12)	<input type="checkbox"/>	£280
CA-SQP	VPS - companion animals & avians (from 20/2/12)	<input type="checkbox"/>	£306
JA-SQP	VPS - equines & avians (from 20/2/12)	<input type="checkbox"/>	£306
EA-SQP	VPS - companion, equine & avian (from 20/2/12)	<input type="checkbox"/>	£332

I understand that to be admitted to the SQP Register I will be required to sit an AMTRA examination within 13 months of this enrolment date, and may be required to undertake a short interim assessment to demonstrate ongoing studying, or an additional fee may be charged. To the best of my knowledge the details on this form are correct. I understand that as all AMTRA qualifications are personal qualifications of the individual, it is important that I tell AMTRA of any change of personal details or address. I have selected the SQP type I wish to enrol as from the options above.

Once qualified as an SQP, I am content for AMTRA to share my CPD points information with my employer:

Yes: No:

Signed: _____ Date: _____

AMTRA may share information with third parties to enable them to provide you with information which AMTRA believes may be of value in performance of your duties as an SQP, including but not limited to supply of OvertheCounter magazine, Equestrian Trade News magazine for appropriate classes of SQP, and information (which may be via post or email) about forthcoming CPD events run by third parties. We will not sell your data. We will not share it except in connection with your SQP duties. If you prefer not to receive this information, please tick this box:

AMTRA SQP Enrolment: Payment

The enrolment fee is shown in the table on the previous page.

The enrolment fee is zero-rated for VAT, includes the examination fee, is non-transferable and non-refundable. Please allow up to 14 days for processing.

Please make any cheque payable to AMTRA, or if paying by credit/debit card (not AMEX or Diners) please provide this info:

Card num: _____ Start date: _____ Exp. date: _____ Issue no: _____
Name on card: _____ CCV code*: _____ Postcode ♦: _____ House num ♦: _____

*last 3 digits on signature strip on back of card

♦ include postcode & house number that card is registered to

These details will be securely destroyed once your payment has been processed.

Please send the completed form with the correct fee to: The Secretary, AMTRA, Unit 1C, Woolpit Business Park, Windmill Avenue, Woolpit, Bury St Edmunds, IP30 9UP

AMTRA is registered in England no. 2140832 at the above address.