

## 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

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.*