

SQP Enrolment Form

For office use:

Provisional AMTRA 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: _____

Daytime phone no: _____ Mobile phone: _____

Email address: _____

Any known disabilities that would affect your ability to sit the exam? (e.g. dyslexia): _____
If "yes" please specify on a separate sheet of paper.

Business/employer: _____ Contact name: _____

Business address: _____

Postcode: _____ Business telephone: _____

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

SQP Type	Permissible Medicines	Please tick one box	Enrolment Fee
R-SQP	All VPS Medicines	<input type="checkbox"/>	£345
G-SQP	VPS - farm animals & equines	<input type="checkbox"/>	£330
K-SQP	VPS - farm & companion animals	<input type="checkbox"/>	£330
E-SQP	VPS - equines & companion animals	<input type="checkbox"/>	£300
L-SQP	VPS - farm animals only	<input type="checkbox"/>	£310
J-SQP	VPS - equines only	<input type="checkbox"/>	£275
C-SQP	VPS - companion animals only	<input type="checkbox"/>	£275
C-SQP	as above, for Vet Nurses only	<input type="checkbox"/>	£225

I understand that to be admitted to the SQP Register I will be required to pass an AMTRA examination within 2 years of this enrolment date, or otherwise a new enrolment will be required. 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.

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 nor share it except in connection with your SQP duties. If you prefer not to receive this information, please tick this box:

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

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