

AMTRA Animal Medicines Training Regulatory Authority Veterinary Nurses - (V-SQP) SQP Conversion Enrolment Form

Please complete the information below in block capitals and sign the undertaking:

Title (eg Mr/Mrs) _____ Surname _____

Forename(s) _____ Date of Birth _____

Home Address _____

_____ Postcode _____

Home phone no _____

Business Address (for receipted invoice) _____

_____ Postcode _____

Daytime phone no _____

E-mail address _____

I understand that to be admitted to the SQP Register I will be required to pass a conversion examination. To the best of my knowledge the details on this form are correct.

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

Signed _____ Date _____

I wish to sit this Conversion examination.

Centre Date

Remember, ALL AMTRA Qualifications are Personal Qualifications of the Individual, it is important you tell AMTRA of any change of personal details or address.

The enrolment fee (zero VAT) is £200. (This includes the examination fee and is non-transferable and non-refundable.)

Please make any cheque payable to **AMTRA. Please allow up to 14 days for processing.**

Payment by credit/debit card is permitted (not AMEX or Diners), please provide this info:

Card no:..... Name on card:

Start date expiry date issue no Security code*

Please send the completed form to:

*last 3 digits on signature strip on back of card

The Secretary, AMTRA, 8 Parsons Hill, Hollesley, Woodbridge, IP12 3RB

revised 1 September 2008

For office use

Provisional AMTRA number _____

Date of enrolment _____

Date Manual sent _____