

AMTRA
Animal Medicines Training Regulatory Authority
FARM LIVESTOCK MEDICINES - (L-SQP)
(Base & Farm Animal Modules)
SQP Training 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 _____

Daytime tel: _____ Home tel: _____

E-mail address _____

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

Full name of business/employer: _____ Contact name: _____

Full business address: _____

Post Code: _____ Business Tel no: _____

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 £300. (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*

*last 3 digits on signature strip on back of card

Please send the completed form to:

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

revised 1 September 2008

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| For office use |
| Provisional AMTRA number _____ |
| Date of enrolment _____ |
| Date Manual sent _____ |