

**AMTRA**  
**Animal Medicines Training Regulatory Authority**  
**MERCHANTS - (R-SQP)**  
**(Base, Farm Animal, Equine & Companion 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 £310 (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

**For office use**

Provisional AMTRA number \_\_\_\_\_

Date of enrolment \_\_\_\_\_

Date Manual sent \_\_\_\_\_