

**AMTRA**  
**Animal Medicines Training Regulatory Authority**

**C-SQP**  
**(Base & Companion Animal Modules)**

**SQP EXAMINATION 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 \_\_\_\_\_

Student SQP Number \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**I wish to enter the following examination**

Examination centre: \_\_\_\_\_ Date of exam: \_\_\_\_\_

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: \_\_\_\_\_

Business/employer (if applicable) \_\_\_\_\_ Contact name \_\_\_\_\_

Name, Address, phone no of employer \_\_\_\_\_

\_\_\_\_\_

Have you enrolled on a Training Course? \_\_\_\_\_

If so, please give date & venue of course \_\_\_\_\_

please return this form to:

**The Secretary, AMTRA, Unit 1C, Woolpit Business Park, Windmill Avenue,  
Woolpit, Bury St Edmunds, IP30 9UP**

Revised 10 June 2009

**For office use**

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

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

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