

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

**Companion Animal (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 \_\_\_\_\_

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, 8 Parsons Hill, Hollesley, Woodbridge, IP12 3RB**

Revised 2 August 2007

**For office use**

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

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

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