

AMTRA
Animal Medicines Training Regulatory Authority

Equine Animals only (J-SQP)
(Base & Equine 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 _____