

Standard RAMA (SQP) Enrolment Form

Qualified Veterinary Nurses should use the VN enrolment form.

Please complete the information below in **BLOCK CAPITALS**, and sign the undertaking.

Title (e.g. Mr/Mrs): _____ Surname: _____ Previous surname: _____

Forename(s): _____

Date of birth: _____

Home address: _____

_____ Postcode: _____

Email address: _____

Daytime phone no: _____ Mobile phone: _____

Business/employer: _____ Contact name: _____

Business address: _____

_____ Postcode: _____ Business telephone: _____

Please tick: send my training manual to my home address business address DELIVERIES MUST BE SIGNED FOR

RAMA Type	Permissible Medicines	<u>Please tick one box</u>	Fee (from 1/1/21)
R	All VPS Medicines	<input type="checkbox"/>	£445
G	farm animals & equines	<input type="checkbox"/>	£423
K	farm & companion animals	<input type="checkbox"/>	£423
E	equines & companion animals	<input type="checkbox"/>	£379
L	farm animals only	<input type="checkbox"/>	£401
J	equines only	<input type="checkbox"/>	£357
C	companion animals only	<input type="checkbox"/>	£357
A	avians including poultry	<input type="checkbox"/>	£357
CA	companion animals & avians	<input type="checkbox"/>	£379
JA	equines & avians	<input type="checkbox"/>	£379
EA	companion, equine & avian	<input type="checkbox"/>	£401

I confirm that I have read and understood all of the conditions of enrolment on the page attached to this form dated 19 February 2020.

I am content for AMTRA to share my CPD points information with my employer: Yes: No:

I have previously been enrolled with AMTRA: Yes: No:

Signed: _____ Date: _____

AMTRA may share information with third parties to enable them to provide you with information which AMTRA believes may be of value in performance of your duties as a RAMA (SQP), including but not limited to supply of OvertheCounter and Equestrian Trade News magazines, and information (which may be via post or email) about forthcoming CPD events run by third parties. We will not sell your data. We will not share it except in connection with your RAMA (SQP) duties. If you prefer not to receive this information, please tick this box:

RAMA (SQP) Enrolment Form (Vet Nurse)

To be used by qualified veterinary nurses only. Others applying to become a RAMA (SQP) should use the standard enrolment form.

Please complete the information below in **BLOCK CAPITALS**, and sign the undertaking.

Title (e.g. Mr/Mrs): _____ Surname: _____ Previous surname: _____

Forename(s): _____

Date of birth: _____

Home address: _____

_____ Postcode: _____

Email address: _____

Daytime phone no: _____ Mobile phone: _____

Business/employer: _____ Contact name: _____

Business address: _____

Postcode: _____ Business telephone: _____

Please tick: send my training manual to my home address business address **DELIVERIES MUST BE SIGNED FOR**

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I confirm that I have read and understood all of the conditions of enrolment on the page attached to this form dated 19 February 2020.

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ANIMAL MEDICINES TRAINING REGULATORY AUTHORITY

AMTRA RAMA (SQP) Enrolment: Conditions (19 February 2020)

All individuals enrolling as student RAMAs (SQPs) with AMTRA must accept the following points.

1. To the best of my knowledge the details on this form are correct.
2. I have selected the RAMA (SQP) type I wish to enrol as and I understand the consequences of this choice.
3. I understand that AMTRA will not normally permit more than four attempts at an AMTRA exam (written or oral), and that I may not enrol as a student RAMA (SQP) for a second time.
4. I understand that to be admitted to the AMTRA Register I will be required to sit an AMTRA examination within 24 months of this enrolment date, or an additional fee will be charged.
5. I understand that as all AMTRA qualifications are personal qualifications of the individual, it is important that I tell AMTRA of any change of personal details, address or other contact details.
6. I understand that someone will need to sign for delivery of my training manual, and I have selected an appropriate delivery address with that in mind.
7. The enrolment fee includes the examination fee provided all exam modules are sat at the same time: a "separate sitting" fee will be charged if I choose to spread the exam modules (including the viva) over more than one date or location.
8. **The enrolment fee is non-refundable and generally non-transferable.** However, with the signed agreement of the originally enrolled person and on payment of an administrative fee, the enrolment may be transferred to another person within six months of the original enrolment.
9. A cancellation/withdrawal fee will be charged if I withdraw from an exam within 4 weeks of the exam: this fee is payable before a fresh exam booking will be accepted.
10. The enrolment fee includes the AMTRA Register fee for the remainder of the calendar year in which I qualify as an AMTRA RAMA (SQP).
11. Once qualified as an AMTRA RAMA (SQP), an annual fee is payable by 30 November of each year in respect of the following year in order to stay on the AMTRA Register.
12. Once qualified as an AMTRA RAMA (SQP), I understand that I will be required to undertake CPD as required by the AMTRA Board in order to stay on the AMTRA Register.
13. Once qualified as an AMTRA RAMA (SQP), I understand that I will be required to act in a professional way, including but not limited to abiding by the SQP Code of Practice, the Veterinary Medicines Regulations, and any other obligations imposed by AMTRA.

Enrolment: Payment

The enrolment fee is shown in the table on the previous pages. **The enrolment fee is exempt from VAT.**

Please allow up to 10 working days for processing and despatch of your training manual.

AMTRA does not accept payments over the telephone, or BACS payments for new enrolments. We accept payments by cheque or by credit or debit card.

Please make any cheque payable to AMTRA Ltd, or if paying by credit/debit card (not AMEX or Diners) please provide this info:

Card num: _____ Start date: _____ Exp. date: _____ Issue no: _____
Name on card: _____ CCV code*: _____ Postcode ♦: _____ House num ♦: _____

*last 3 digits on signature strip on back of card

♦ include postcode & house number that card is registered to

These details will be securely destroyed once your payment has been processed.

Please send the completed form with the correct fee to:

AMTRA Ltd, 1c Windmill Avenue, Woolpit, Bury St Edmunds, IP30 9UP
Scan and email to info@amtra.org.uk or fax* to 01359 242569
(* we may discontinue the fax after the end of 2021)

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