

For office use:

AMTRA student number: _____

Date of enrolment: _____

Standard 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**

Disabilities: Do you have a disability which could cause you difficulty during your course, exam or when acting as an SQP? (Tick)

No Disability	<input type="checkbox"/> A	Specific learning difficulty e.g. dyslexia	<input type="checkbox"/> G	Physical impairment / mobility issues	<input type="checkbox"/> H
Social/communication impairment e.g. Asperger's/autism	<input type="checkbox"/> B	Mental health condition e.g. depression, anxiety disorder	<input type="checkbox"/> F	Disability, impairment or medical condition not listed above	<input type="checkbox"/> I
Blind or serious visual impairment uncorrected by glasses	<input type="checkbox"/> C	Long standing illness or health condition e.g. diabetes, epilepsy	<input type="checkbox"/> E	Two or more impairments / disabling medical conditions	<input type="checkbox"/> J
Deaf/hearing impairment	<input type="checkbox"/> D				

SQP Type	Permissible Medicines	Please tick one box	Fee (until 31/12/18)	Fee (from 1/1/19)
R-SQP	All VPS Medicines	<input type="checkbox"/>	£400	£420
G-SQP	farm animals & equines	<input type="checkbox"/>	£380	£399
K-SQP	farm & companion animals	<input type="checkbox"/>	£380	£399
E-SQP	equines & companion animals	<input type="checkbox"/>	£340	£357
L-SQP	farm animals only	<input type="checkbox"/>	£360	£378
J-SQP	equines only	<input type="checkbox"/>	£320	£336
C-SQP	companion animals only	<input type="checkbox"/>	£320	£336
A-SQP	avians including poultry	<input type="checkbox"/>	£320	£336
CA-SQP	companion animals & avians	<input type="checkbox"/>	£340	£357
JA-SQP	equines & avians	<input type="checkbox"/>	£340	£357
EA-SQP	companion, equine & avian	<input type="checkbox"/>	£360	£378

I confirm that I have read and understood all of the conditions of enrolment on the page attached to this form dated 20 November 2017.

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

I have previously been enrolled as an SQP or student SQP 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 an 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 SQP duties. If you prefer not to receive this information, please tick this box:

For office use:

AMTRA student number: _____

Date of enrolment: _____

SQP Enrolment Form (Vet Nurse)

To be used by qualified veterinary nurses only. Others applying to become an SQP should use the standard SQP 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**

Disabilities: Do you have a disability which could cause you difficulty during your course, exam or when acting as an SQP? (Tick)					
No Disability	<input type="checkbox"/> A	Specific learning difficulty e.g. dyslexia	<input type="checkbox"/> G	Physical impairment / mobility issues	<input type="checkbox"/> H
Social/communication impairment e.g. Asperger's/autism	<input type="checkbox"/> B	Mental health condition e.g. depression, anxiety disorder	<input type="checkbox"/> F	Disability, impairment or medical condition not listed above	<input type="checkbox"/> I
Blind or serious visual impairment uncorrected by glasses	<input type="checkbox"/> C	Long standing illness or health condition e.g. diabetes, epilepsy	<input type="checkbox"/> E	Two or more impairments / disabling medical conditions	<input type="checkbox"/> J
Deaf/hearing impairment	<input type="checkbox"/> D				

SQP Type	Permissible Medicines	Please tick one box	Fee (to 31/12/18)	Fee (from 1/1/19)
R-SQP	All VPS Medicines	<input type="checkbox"/>	£400	£420
K-SQP	farm & companion animals	<input type="checkbox"/>	£380	£399
E-SQP	equines & companion animals	<input type="checkbox"/>	£340	£357
C-SQP	companion animals only	<input type="checkbox"/>	£320	£336
CA-SQP	companion animals & avians	<input type="checkbox"/>	£340	£357
EA-SQP	companion, equine & avians	<input type="checkbox"/>	£360	£378

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

I have previously been enrolled as an SQP or student SQP with AMTRA: Yes: No:

I confirm that I have read and understood all of the conditions of enrolment on the page attached to this form dated 20 November 2017.

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 an 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 SQP duties. If you prefer not to receive this information, please tick this box:



ANIMAL MEDICINES TRAINING REGULATORY AUTHORITY

AMTRA SQP Enrolment: Conditions (20 November 2017)

All individuals enrolling as student 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 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 SQP exam (written or oral), and that I may not enrol as a student SQP for a second time.
4. I understand that to be admitted to the AMTRA SQP 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 SQP Register fee for the remainder of the calendar year in which I qualify as an AMTRA SQP.
11. Once qualified as an AMTRA 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 SQP Register.
12. Once qualified as an AMTRA SQP, I understand that I will be required to undertake CPD as required by the AMTRA Board in order to stay on the AMTRA SQP Register.
13. Once qualified as an AMTRA 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.

AMTRA SQP Enrolment: Payment

The enrolment fee is shown in the table on the previous page.

The enrolment fee is exempt from VAT.

Please allow up to 14 days for processing.

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

Animal Medicines Training Regulatory Authority Ltd is registered in England No. 2140832