



ANIMAL MEDICINES TRAINING REGULATORY AUTHORITY

## Upgrade Enrolment Form

### **Important Note**

This form should only be used if you are enrolling to upgrade your AMTRA SQP qualification, i.e. you want to add an additional module to your current AMTRA SQP qualification, and you did not enrol for that module when you first enrolled with AMTRA.

- If you have never enrolled with AMTRA, use the normal "AMTRA SQP Enrolment Form".
- If you want to book a re-sit because you failed one or more modules at the first attempt, use the "Individual Modules Examination Booking Form".
- If you've already enrolled for your upgrade, and now want to book your exam, use the "Individual Modules Examination Booking Form".

My SQP number is .....

Please tick the modules you wish to add to your current SQP status. These fees are exempt from VAT.

- |                          |                                   |      |
|--------------------------|-----------------------------------|------|
| <input type="checkbox"/> | Farm Animal plus Equine           | £225 |
| <input type="checkbox"/> | Farm Animal plus Companion Animal | £225 |
| <input type="checkbox"/> | Farm Animal                       | £195 |
| <input type="checkbox"/> | Equine                            | £160 |
| <input type="checkbox"/> | Equine plus Companion Animal      | £180 |
| <input type="checkbox"/> | Companion Animal                  | £160 |
| <input type="checkbox"/> | Avian                             | £160 |

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

**I understand that I will be required to sit an AMTRA examination within 24 months of this upgrade enrolment date, or an additional fee may be charged. To the best of my knowledge the details on this form are correct. 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 or address.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title (e.g. Mr/Mrs): \_\_\_\_\_ Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime phone no: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Business/employer: \_\_\_\_\_ Contact name: \_\_\_\_\_

Business address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Business telephone: \_\_\_\_\_

**Please tick one box:** send my training manual to my  home address  business address



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## **AMTRA Upgrade Enrolment Payment**

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

Please make cheque payable to AMTRA Ltd.

Payment by credit/debit card is permitted (not AMEX or Diners) – please provide this info:

Card No \_\_\_\_\_ Name on card \_\_\_\_\_

Start date \_\_\_\_\_ expiry date \_\_\_\_\_ issue no \_\_\_\_\_ Security code \_\_\_\_\_

Postcode Card is registered to \_\_\_\_\_ House/Building No \_\_\_\_\_

Please return this form to:

AMTRA Ltd, 1c Windmill Avenue, Woolpit, Bury St Edmunds, IP30 9UP  
Tel 01359 245801 Fax 01359 242569 Email [info@amtra.org.uk](mailto:info@amtra.org.uk)

*Animal Medicines Training Regulatory Authority Ltd is registered in England No. 2140832 at the above address*