



ANIMAL MEDICINES TRAINING REGULATORY AUTHORITY

STANDARD EXAM BOOKING FORM

Qualified veterinary nurses should use the VN booking form.

Submit at least 3 weeks before exam

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

Title (e.g. Mr/Mrs): _____ Surname: _____ SQP no: _____

Forename(s): _____

Date of birth: _____

Home address: _____

Postcode: _____

Email address: _____

Daytime phone no: _____ Mobile phone: _____

Business/employer: _____

Business telephone: _____ Contact name: _____

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
R-SQP	All VPS Medicines	<input type="checkbox"/>
G-SQP	VPS - farm animals & equines	<input type="checkbox"/>
K-SQP	VPS - farm & companion animals	<input type="checkbox"/>
E-SQP	VPS - equines & companion animals	<input type="checkbox"/>
L-SQP	VPS - farm animals only	<input type="checkbox"/>
J-SQP	VPS - equines only	<input type="checkbox"/>
C-SQP	VPS - companion animals only	<input type="checkbox"/>
A-SQP	VPS - avians including poultry	<input type="checkbox"/>
CA-SQP	VPS - companion animals & avians	<input type="checkbox"/>
JA-SQP	VPS - equines & avians	<input type="checkbox"/>
EA-SQP	VPS - companion animals, equine & avians	<input type="checkbox"/>

AMTRA will acknowledge receipt of your exam form with a pink postcard sent to your home address. If you do not receive this within a week of submitting your exam form (or by three weeks before the exam if earlier) please telephone AMTRA.

I wish to enter the following examination. I understand that the booking is subject to there being space. I understand that AMTRA reserves the right to cancel an exam if there are not sufficient people to make it viable. I agree to abide by the Rules and Regulations for AMTRA exams. I will notify AMTRA at least 4 weeks prior to the exam if I wish to withdraw from this exam, otherwise a fee will be charged – see attached payment form for fee details.

I need to pay the exam re-booking fee because I previously withdrew from an exam within 4 weeks of the exam, and have enclosed a cheque or filled in my credit card details – see attached payment form for fee details.

Examination Centre: _____ Date of exam: _____

Signed: _____ Date: _____

Please return this form to:

AMTRA, 1c Windmill Avenue, Woolpit, Bury St Edmunds, Suffolk IP30 9UP
Or fax the form to: 01359 242569 Or email the form to: info@amtra.org.uk



ANIMAL MEDICINES TRAINING REGULATORY AUTHORITY

EXAM BOOKING FORM (VETERINARY NURSES)

For use by qualified VNs only. Other candidates should use the standard exam booking form.

Submit at least 3 weeks before exam

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

Title (e.g. Mr/Mrs): _____ Surname: _____ SQP no: _____

Forename(s): _____

Date of birth: _____

Home address: _____

Postcode: _____

Email address: _____

Daytime phone no: _____ Mobile phone: _____

Business/employer: _____

Business telephone: _____ Contact name: _____

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
R-SQP	All VPS Medicines	<input type="checkbox"/>
K-SQP	VPS - farm & companion animals	<input type="checkbox"/>
E-SQP	VPS - equines & companion animals	<input type="checkbox"/>
C-SQP	VPS - companion animals only	<input type="checkbox"/>
CA-SQP	VPS - companion animals & avians	<input type="checkbox"/>
EA-SQP	VPS - companion animals, equine & avians	<input type="checkbox"/>

AMTRA will acknowledge receipt of your exam form with a pink postcard sent to your home address. If you do not receive this within a week of submitting your exam form (or by three weeks before the exam if earlier) please telephone AMTRA.

I wish to enter the following examination. I understand that the booking is subject to there being space. I understand that AMTRA reserves the right to cancel an exam if there are not sufficient people to make it viable. I agree to abide by the Rules and Regulations for AMTRA exams. I will notify AMTRA at least 4 weeks prior to the exam if I wish to withdraw from this exam, otherwise a fee will be charged – see attached payment form for fee details.

I need to pay the exam re-booking fee because I previously withdrew from an exam within 4 weeks of the exam, and have enclosed a cheque or filled in my credit card details – see attached payment form for fee details.

Examination Centre: _____ Date of exam: _____

Signed: _____ Date: _____

Please return this form to:

AMTRA, 1c Windmill Avenue, Woolpit, Bury St Edmunds, Suffolk IP30 9UP
Or fax the form to: 01359 242569 Or email the form to: info@amtra.org.uk



ANIMAL MEDICINES TRAINING REGULATORY AUTHORITY

SQP exam re-booking fee

There is normally no separate fee for your first SQP exam – only complete this page or send a cheque if a fee is due for re-booking an exam.

If you have withdrawn from an exam within 4 weeks of the exam, a fee is due upon re-booking your new exam. That fee is:

- £30 if you notify AMTRA between 2 and 4 weeks of the original exam
- £50 if you notify AMTRA within 2 weeks of the original exam

The re-booking fee is exempt from VAT.

If you are booking a **re-sit** (second or subsequent attempt at a module) or for a “**separate sitting**” (first attempt at a module for which you originally enrolled, where you have already attempted/passed other modules on another occasion), or an “**upgrade**” (an additional module which wasn’t part of your original enrolment with AMTRA), then do not use this form – instead use the “Individual Modules Examination Booking Form” (ref. A04).

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
or fax to 01359 242569
or scan and email to info@amtra.org.uk

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