

Newly Qualified Suitably Qualified Person (SQP) Enrolment Form

Please complete all sections within this form and sign the declaration in section six (6).

1. SQP Details

Preferred title	
First name	
Surname	
Date of birth	
Home address	
Town	
Postcode	
Email address	
Contact phone number	

2. Employer Details

Employer/Business name	
Contact name	
Employer/Business address	
Employer postcode	
Employer phone number	
Employer email address	

3. VetSkill Approved Programme

Please enter details of the college where the SQP qualification was studied.

Institution name	
Address	
Postcode	
Phone number	
Student number	
Programme tutor	

4. SQP Category/Units Studied and Successfully Achieved

Please tick one (1) box to confirm which category or combination of categories have been successfully achieved.

Category	Unit selected to study and achieved	Please Tick
R-SQP	Companion, Equine & Farm	<input type="checkbox"/>
C-SQP	Companion animals only	<input type="checkbox"/>
J-SQP	Equines only	<input type="checkbox"/>
L-SQP	Farm animals only	<input type="checkbox"/>
A-SQP	Avian only	<input type="checkbox"/>
E-SQP	Companion & Equine	<input type="checkbox"/>
K-SQP	Companion & Farm	<input type="checkbox"/>
CA-SQP	Companion & Avian	<input type="checkbox"/>
G-SQP	Equine & Farm	<input type="checkbox"/>

JA-SQP	Equine & Avian	<input type="checkbox"/>
AL-SQP	Avian & Farm	<input type="checkbox"/>
EA-SQP	Companion, Equine & Avian	<input type="checkbox"/>
CAL-SQP	Companion, Avian & Farm	<input type="checkbox"/>
S-SQP	Avian, Equine & Farm	<input type="checkbox"/>
XA-SQP	Companion, Equine, Avian & Farm	<input type="checkbox"/>

5. Payment Details (if applicable)

If an enrolment fee is applicable, please allow up to 14 days for it to be processed.

Please note that an enrolment fee is not applicable if a VetSkill qualification or programme accredited by VetSkill has been completed.

5.1 BACS Transfer

Payment can be made by BACS using the details listed below:

Sort Code **60-11-30**

NatWest Account Number **18138993**

VAT Registration Number **357095868**

Please use the reference **[your surname] – SQP**

For example *Smith – SQP*

6. Declaration

All SQPs joining the VetSkill Register must accept the following points:

- a) To the best of my knowledge the details on this form are correct
- b) I have provided up to date personal contact details
- c) I have provided current employer contact details
- d) I understand that it is my professional responsibility as an SQP to notify VetSkill of any change to my personal or employer details including: name, address, or contact information
- e) I have confirmed the SQP category I am eligible to hold from the list in section four (4)
- f) I have made a BACS Transfer for the enrolment fee payable, if applicable
- g) I understand I am required to pay the annual re-accreditation fee no later than 31st December in order to remain on the SQP Register for the following year
- h) I understand that I am required to undertake mandatory Continuing Professional Development (CPD) as set out by VetSkill in order to remain on the SQP Register
- i) I have declared if any professional organisation ever previously removed me from its Register or refused to register me
- j) I have declared any reason why I cannot continue my SQP duties during the next registration period
- k) I understand that VetSkill may share my CPD information with my Employer or other regulatory bodies

Do you have any conviction or caution for a criminal offence, binding over, conditional discharge or report to the Procurator Fiscal, with the exception of 'spent' convictions under the Rehabilitation of Offenders Act 1974? Yes No

I confirm that I have read and understood all of the conditions outlined above.

Signed	
Print name	
Date	

Please send the completed form to:

VetSkill Ltd
10 Ramsay Court
Hinchingsbrooke Business Park
Huntingdon
PE29 6FY

Registered number 03127119

Or email the completed form to: sqp@vetskill.com

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Standards	October 2023	V2.3