

Suitably Qualified Persons (SQP) Transfer to VetSkill Register Application Form

This form is to be used when an SQP wishes to transfer to VetSkill's SQP Register.

Please complete all sections within this form and sign the declaration in Section seven (7).

1. SQP Details

SQP Registration Number	
Preferred title	
First name	
Surname	
Previous names	
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. SQP Category and Permissible Medicines

Please tick one (1) box to confirm which SQP category is held.

Category	Permissible Medicines	Please Tick
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"/>
R-SQP	Companion, Equine & 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"/>

4. SQP Registration Details

Date of qualification for SQP status				
Current SQP status	Registered	<input type="checkbox"/>	Not registered	<input type="checkbox"/>
If currently registered , please specify on which Register				
If not registered , please provide the following information				
The date of which registration lapsed/ceased				
The reason for lapsed/ceased registration				
The reason for requesting to join VetSkill's SQP Register				

5. Continuing Professional Development (CPD) Details

Please confirm that [VetSkill's SQP CPD requirements](#) have been read

Please confirm that the necessary CPD requirement has, or will be met by the end of the current CPD period in accordance with the VetSkill SQP CPD requirements

Please note that VetSkill will require evidence to confirm that the required amount of CPD has been completed for each SQP Category that has been requested for registration.

6. Payment Details

Please allow up to 14 days for payment to be processed.

6.1 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**

7. Declaration

All SQPs transferring to 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 information
- c) I have provided current employer contact information
- 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 type I hold from the list in section three (3)
- f) I have undertaken and passed the SQP re-instatement examination, if applicable
- g) I have made a BACS Transfer for the transfer of registration fee payable
- h) I understand 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
- i) I understand that I am required to undertake mandatory CPD as set out by VetSkill in order to remain on the SQP Register
- j) I have declared if any professional organisation ever previously removed me from its Register or refused to register me
- k) I have declared any reason why I cannot continue my SQP duties during the next registration period
- l) 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 email the completed form to sqp@vetskill.com

Or send to:

VetSkill Ltd

10 Ramsay Court

Hinchingbrooke Business Park

Huntingdon

PE29 6FY

Registered number 03127119

Controlled by:	Created/Updated:	Version:
Standards	October 2023	V2.2