

Suitably Qualified Persons (SQP) Register Re-Instatement Form

This form should be used when an SQP has been off the Register for any reason, or has been unable to meet the necessary SQP Continual Professional Development (CPD) requirements.

Please complete all sections within this form and sign the declaration in section five (5).

1. SQP Details

SQP registration number	
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	

3. SQP Category and Permissible Medicines

Please tick one (1) box to confirm which SQP category you currently or have previously held.

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"/>

4. Payment details

Please see [VetSkill's website](#) for a full list of the re-instatement and annual registration fees. Please allow up to 14 days for payment to be processed.

4.1 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*

5. Declaration

All SQPs returning 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 my up to date personal contact details
- c) I have provided my 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 details
- e) I have confirmed the SQP type I hold/held from the list in section three (3)
- f) I have undertaken and passed the SQP re-instatement examination, if required
- g) I have made a BACS Transfer for the re-instatement and annual registration fees payable
- h) 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
- 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

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Standards	October 2023	v2.1