**Suitably Qualified Persons (SQP) Re-accreditation Examination Booking Form**

This examination booking form should be completed to enter the SQP Online Multiple-choice Assessments and the SQP Online Scenario-based Multiple-choice Question Assessment due to insufficient SQP Continual Professional Development (CPD) hours being completed or being off the VetSkill SQP Register for a period of 12 months or more.

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

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

# SQP Details

# Employer Details

|  |  |
| --- | --- |
| Employer/Business name  |  |
| Contact name  |  |
| Employer/Business address  |  |
| Employer postcode  |  |
| Employer phone number  |  |

# SQP Category and Permissible Medicines

Please tick one (1) box to confirm which category or combination of categories are/were held.

|  |  |  |
| --- | --- | --- |
| Category  | Unit selected to study and achieved  | Please Tick  |
| R-SQP  | Companion, Equine & Farm  | ☐  |
| C-SQP  | Companion animals only  | ☐  |
| J-SQP  | Equines only  | ☐  |
| L-SQP  | Farm animals only  | ☐  |
| A-SQP  | Avian only  | ☐  |
| E-SQP  | Companion & Equine  | ☐  |
| K-SQP  | Companion & Farm  | ☐  |
| CA-SQP  | Companion & Avian  | ☐  |
| G-SQP  | Equine & Farm  | ☐  |
| JA-SQP  | Equine & Avian  | ☐  |
| AL-SQP  | Avian & Farm  | ☐  |
| EA-SQP  | Companion, Equine & Avian  | ☐  |
| CAL-SQP  | Companion, Avian & Farm  | ☐  |
| S-SQP  | Avian, Equine & Farm  | ☐  |
| XA-SQP  | Companion, Equine, Avian & Farm  | ☐  |

# SQP Re-accreditation Examination Details

All assessments are available on demand and can be sat remotely. Please confirm below the preferred date and time to sit these assessments.

|  |  |
| --- | --- |
| Online MCQ Assessment Preferred date and time (please select two) |  |
| Online Scenario-based MCQ Assessment Preferred date and time  |   |

# Payment Details

Please see VetSkill’s website for a [full list of the examination fees](https://www.vetskill.com/fees). Please allow up to 14 days for payment to be processed.

**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 Exam**

For example *Smith – SQP Exam*

# Declaration

1. To the best of my knowledge the details on this form are correct.
2. I understand an examination fee is payable at the time of booking each examination undertaken.
3. I understand the examination fee will not be refunded if I withdraw from an examination booked with VetSkill, and a new fee is payable when re-booking the examination.
4. I understand that I may not be eligible for SQP registration for the following year if I fail to attend or fail to achieve the pass mark for this examination.
5. I understand that VetSkill reserves the right to cancel or re-arrange an examination if there are not sufficient bookings to make it viable.
6. I agree to abide by the examination rules and regulations set out by VetSkill and the examination venue.

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 the completed form to:**

VetSkill Ltd

10 Ramsay Court

Hinchingbrooke Business Park

Huntingdon

PE29 6FY

Registered number 03127119