

# EUROPEAN VETERINARY PARASITOLOGY COLLEGE

## APPLICATION FOR STANDARD RESIDENCY TRAINING PROGRAMME (SRTP) APPROVAL

***This form should be completed by the Programme Director and submitted electronically to the Secretary, EVPC - for details see website. Read guidelines thoroughly before filling in***

Date of application (approval is granted for max. of 5 years from this date):
Name of Programme Director:
Signature:
Qualifications (incl. EVPC membership number):
Role in institution:
Address:
e-mail:
Tel:
Fax:
Host institution of STRP:
Name and qualifications of supervisor(s) and mentors, other than the Director, involved in the SRTP. If not a member of EVPC, please provide brief CV (1 page):
Description of the host institution: <i>[one page - should include description of facilities, case throughput, research activity, learning environment and accreditation status – see guidelines]</i>
Affiliated institution I: <i>[please indicate contact (responsible person) with all details as above, a description of the institution as above, including which complementary role the affiliated institution play and a list and qualifications of staff involved]</i>
Affiliated institution II:
Affiliated institution III:
Please annex a detailed description of Residency Programme

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*To be completed by the EVPC*

Date received by Secretary, Education Committee

Approved: (date) .....

(signed) .....