**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 Chair of the Education Committee.**

***Please read guidelines in the Appendix thoroughly before filling in!***

|  |  |
| --- | --- |
| **Date of application:*****(approval is granted for max. of 5 years from this date):*** |  |
| **Host institution of SRTP:** |  |
| **Name of Programme Director:** |  |
| **Qualifications:** |  |
| **Role in institution:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Tel:** |  |
| **Signature of Programme Director:** |  |
| **Name and qualifications of supervisor(s) and mentors2, other than the Director, involved in the SRTP *(Alphabetic order)*:** |  |
| **Affiliated Institutions:** |  |

*2if supervisors and mentors are not members of the EVPC, please provide a brief CV (1 page)*