**Application for Approval of Training Programme or Annual Assessment**

EVDC Training Programme

1. Applicant:

Name: Veterinary qualifications:

 Other pertinent qualifications:

Address:

 Country:

Tel. (work): (home):

E-mail:

1. **Supervisor/Residency Director (**except Dual-qualified

Applicants)**:** Name:

Email:

1. Start date of the Training Programme:
2. **Type of Training Programme (check appropriate box):**
	* Dual-qualified Applicant (Veterinarian & Dentist)
	* Standard Residency Programme (Full time)
	* Alternative Residency Programme (Part time)
3. Request for approval or annual assessment of a training programme (check appropriate box):
	* Please consider the training programme as outlined in the attached documentation for initial approval. Payment is enclosed (120 Euro).
	* Please assess the attached records and reports of the previous year and any proposed changes for the next year of my training programme. Payment is enclosed (60 Euro).
4. Signatures:

 Applicant: Date:

 Supervisor/Residency Director: Date: