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

EVDC Training Programme

# Applicant:

Name: Veterinary qualifications:

Other pertinent qualifications:

Address:

Country:

Tel. (work): (home):

E-mail:

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

Applicants)**:** Name:

Email:

# Start date of the Training Programme:

1. **Type of Training Programme (check appropriate box):**
   * Dual-qualified Applicant (Veterinarian & Dentist)
   * Standard Residency Programme (Full time)
   * Alternative Residency Programme (Part time)

# 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).

# Signatures:

Applicant: Date:

Supervisor/Residency Director: Date: