

**FORM ER- Enrolment form Residency**

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**1. Personal information**

|  |  |
| --- | --- |
| Last name (family name) |  |
| First name |  |
| Male/Female |  |
| Nationality |  |
| Address |  |
| City |  |
| Postcode |  |
| Country |  |
| Phone numbers (include country and area code) | Work | Home | Mobile/cell |
|  |  |  |
| Email address  |  |
|  | Please Note: The e-mail address you provide will be used, once your application for enrolment is approved, to give you access wot [www.ecpvs.org](http://www.ecpvs.org), and for communications from the college to you. It is your responsibility to keep up to date your e-mail address on your user profile on the website, as well as maintaining your other profile information. |

**2. Licensing information**

|  |  |
| --- | --- |
| Are you currently registered/licensed/eligible to be licensed to practice veterinary medicine and surgery in a European country? |  |
| Which country(ies) are you registered/licensed/eligible to be licensed to practice veterinary medicine and surgery? |  |
| Have any of your licenses to practice veterinary medicine ever been suspended? |  |
| If yes, please give brief details and we will contact you for further information |  |

**3. Residency programme information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of programme  | STANDARD |  | ALTERNATIVE |  |
| Training centre |  |
| Name of supervisor (s) |  |
| Supervisor(s) email address(es) |  |
| Name of programme director |  |
| Programme director email address (es) |  |
| Your start date in this programme (DDMMYYYY) |  |
| Brief description of the main research project |
| Title: |  |
| Background: |  |
| Objectives: |  |
| Experimental approaches |  |

**4. Veterinary degree**

|  |  |
| --- | --- |
| Name and country of the veterinary school where you got your veterinary degree |  |
| Year that you graduated from veterinary school |  |
| Was the veterinary school you attended EAEVE-Approved when your obtained your degree? If so, what year was it approved? |  |

**5. Previous internship (s) or equivalent clinical experience prior to this residency programme**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates attended | Programme name | Director/supervisor | Institution and address (incl country) |
|  |  |  |  |

**6. Declaration**

|  |  |
| --- | --- |
| We have read, discussed, understand and accept the rules and regulations laid out in the College Constitution and Policies and procedures and are aware that changes are made periodically to these documents. | Resident signatureSupervisor signatureProgramme Director signatureDate  |

**NOTE: This form must be either signed digitally or a scanned version of the hand-signed form must be included with the application.**

**The Supervisor or Programme Director should upload the form on behalf of the candidate resident. Once the enrolment form has been processed you will be issued with a username and password so you can logon to the ECPVS website to make the payment for the enrolment fee.**