**Application for approval of a resident enrolling in a Standard Residency (SRTP) with the ECAWBM (BM)**

1. **Name of Applicant: ……………………………………………………………………………………..**Date of Graduation as Veterinarian:…………………………………………………………………Number of years spent in General Practice:**…………………………………………………….**
2. **Standard Centre:**Name: …………………………………………………………………………………………………………….Address:……………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………..

1. **Supervising Diplomate of the ECAWBM (BM):**Name of Supervisor ( Diplomate ECAWBM) :

Address: ……………………………………………………………………………………………………

Phone: (……………) ………………………………. email: …………..@..................

Other ECAWBM (BM) Diplomate(s) participating in training programme**:**

**Name**:………………………………………… **Institution**:……………………………………………..

**Name:**……………………………………… **Institution**………………………………………………….

**Name:**……………………………………… **Institution** ………………………………………………….

**Name: Institution**

1. **Is the resident undertaking a post graduate degree concurrently??** YES /NO

If YES, please state which type of degree (e.g. MSc, PhD):

Can the graduate degree programme be combined with the residency programme?

Name and signature of supervising Diplomates

1.
2.
3.
4.

Name and Signature of Department Head or equivalent, acknowledging the requirements of the Diplomate and the institution.

Date: