**FORM 1:**

**APPLICATION FOR APPROVAL OF A STANDARD RESIDENCY TRAINING PROGRAMME (SRTP) WITH THE ECAWBM (BM)**

1. **Name of Applicant: ……………………………………………………………………………………..**Date of Graduation as Veterinarian:…………………………………………………………………Number of years spent in General Practice:**…………………………………………………….**
2. **Length of residency training programme (SRTP): ……………………………………………**Start date:……………………………..Finishing date:………………………..

Full-time or part-time (state % time spent in training for part-time courses):
3. **Institution / Practice:**Name: …………………………………………………………………………………………………………….Address:……………………………………………………………………………………………………………………

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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. **Brief overview of SRTP (max 300 words)**

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1. **Background information about the institution or practice**

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1. **Taught component(s)**

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1. **Clinical training**

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1. **Research**

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1. **Teaching and presentation**

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1. **Other activities available for residents**

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1. **Requirements for entry of residents into the programme**
2. **Is an advanced degree programme available for the resident(s)?** YES /NO

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

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

1. **Access to resource materials / services**
	1. Library access

	The ECAWBM (BM) requires that the resident(s) have access to a library that contains the texts and journal titles listed as source of test material by the ECAWBM (BM) Examination Committee.

	Is there a **library available at your institution** that meets these requirements?

	**YES/ NO**

If the response is **NO**, please indicate how Library access will be provided.

* 1. Ancillary diagnostic services

	Access to professional support services e.g. in **clinical pathology, haematology and clinical chemistry,** is important for optimum case management particularly as it relates to resident training**. Are these services provided at your location?

	YES/ NO**

If the response is **NO**, give hereafter a detailed description of the services available through outside laboratories.

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* 1. Other clinical specialities

	Are other clinical veterinary specialities based at your institution to provide the resident with access to clinicians and cases from related fields, such as neurology, internal medicine, and dermatology?

	**YES/ NO**

If the response is **NO**, give hereafter a detailed description of how this facility will be made available to residents at your institution.

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* 1. IT equipment

	The ECAWBM (BM) requires the residents have at their disposal IT equipment with suitable software for word processing and data handling and analysis. Are these facilities **available at your location together with adequate back-up and support?**

	**YES / NO**
1. **Evaluation of progress of residents**

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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: