**European College of Veterinary Anaesthesia and Analgesia**



**Application for enrolment as ECVAA Resident**

Resident to apply a

colour photograph

here.

1. **Name** (block capital letters)

**Family name(s) (surname):**

**First name(s):**

**Note to potential Residents:** The deadlines to send an enrolment application are 1st February and 1st September each year.

For **Standard residency**: The starting date of the programme in an ECVAA training centre may be before the next application for enrolment, but **not** before the previous deadline for sending the application.

For **Alternative residency**: The starting date of the programme is always **after** approval from the ECVAA Executive Committee.

Important instructions:

* Please complete this form electronically. Point and click on check boxes to tick.
* Add a photograph of yourself which is clear and of passport quality
* Sign the form manually
* Ask your supervisor to sign it manually also
* Scan the whole document and save it, as a PDF: **surname\_firstname\_month\_year\_name of form**
* Create an account on the ECVAA website: on the Homepage click on ‘BECOME A RESIDENT’. Please **do not** make more than one account! Complete the website registration form, including a photograph of yourself.
* Upload the scanned PDF document to the ECVAA website and click SUBMIT.
* Once your application has been accepted you will be prompted to pay the appropriate enrolment fee via the website. Please pay this, by electronic funds transfer, within two weeks of acceptance of your registration.
* Receipt of your forms will be acknowledged within 5 working days.

1. **Nationality**:
2. **My pronouns are**:

she/her/hers  he/him/his  they/them/theirs

1. **Are you a member of the AVA**?

Yes  No

In accordance with the College’s Constitution, you must be a member of the Association of Veterinary Anesthetists in order to become a Diplomate of the ECVAA. Although AVA membership is therefore only necessary when you successfully complete the Diploma exam, it is recommended that you become an AVA member during your residency. There are many benefits including access to travel grants and reduced conference fees. Details are available at: <https://ava.eu.com/become-a-member/>

1. **Postal address for all correspondence**:
2. **Contact details**:

Phone:

Preferred email address for contact with ECVAA *(this should be the same as that used on the website):*

Alternative email address:

(*We ask for an alternative e-mail address so that we do not lose contact with you at the end of your residency when your place of work may change. Please inform the ECVAA Secretary should either of your e-mail addresses change to facilitate this maintenance of contact*)

1. **Proposed training programme**:

Standard Approved programme   Alternate programme

For **Standard** approved programme:

**Centre name and address**:

Starting date: Expected End-date: (A standard residency programme lasts at least 3 years, but no more than 4 years; the end-date of the programme will be used for calculation of the deadline for credentials submission)

For **Alternate** programme:

Please submit a list of approved training centres (please add more lines if required) and non-approved externships if applicable. Please note that all externships must be approved in advance by submitting Externship forms to education.ecvaa@gmail.com

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Approved Training Centre | Name of Diplomates(s) who will supervise you | Specialty | Proposed number of weeks |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of non-approved Centre | Name of who will supervise you | Specialty | Proposed number of weeks |
|  |  |  |  |
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|  |  |  |  |

1. **Supervision:**

Name of your Main Supervisor (only 1):

Email address of Main Supervisor:

Name of the Training Centre Programme Director (for Standard Residency programme only):

Email address of Programme Director:

(*Please note that the Programme Director must be a certified ECVAA Diplomate or a certified temporary ECVAA Diplomate*)

Name **and** email address of co-supervisors (maximum two):

|  |  |
| --- | --- |
| Name | Email address |
|  |  |
|  |  |

*Reminder (Policies and Procedures): Each Resident must have one main supervisor (a practicing ECVAA or ACVAA diplomate) who will be the contact person for the ECVAA committees and responsible for the credential submission of the Resident. A practising Diplomate can act as main supervisor to a maximum of three (3) ECVAA Residents; no more than two (2) of the Residents can be enrolled in a standard ECVAA training program.*

1. **Qualifications** (veterinary & other): (add more lines as required)

|  |  |  |
| --- | --- | --- |
| Qualification title | Awarding body/institution | Date |
|  |  |  |
|  |  |  |
|  |  |  |

The Veterinary School I graduated from is an **EAEVE** approved University:

Yes   No

(List of EAEVE member Universities: <http://www.eaeve.org/about-eaeve/member-establishements.html>)

1. **Please complete this table** to give details of what you are offering as your pre-residency experience (delete examples before filling)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name  Type of practice  Address | Title of job (position) | Start of job: month/year  End of job: month/year | Responsibilities or services / specialties (for internships) | Major species encountered (>10% of time) | Supervisor employer  Name  Phone |
| Example 1:  University of great north (university), Kentucky, USA, 90210 | Internship (rotating) | 08/2016-04/2017 | Emergency service, internal medicine, surgery, neurology | Dogs, cats, rabbits | Dr Dre  +## ###### |
| Example 2:  The Grove, x avenue, y city, z country, EH105SX – private clinic (specialist) | Clinician | 01/2014-05/2017 | anaesthesia | equine | Dr J Erving  +## ###### |
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NOTE: if job/ position is an **internship**, please state if this was **specialised, or rotating** through multiple services/specialties (list services/specialties)

Additional relevant comments:

1. **Section to be filled by the Applicant**:

**I HEREBY APPLY** FOR ENROLMENT FOR THE EUROPEAN DIPLOMA IN VETERINARY ANAESTHESIA AND ANALGESIA. I will pay the prescribed fee\* (€500.00), which I understand to be non-returnable once enrolment has been accepted.

Please follow the instructions on your personal profile on the website to pay the enrolment fee. Contact the Treasurer of ECVAA (ecvaa.treasurer@gmail.com) for further information/assistance as required. If you wish to pay in pounds Sterling, please make sure you pay an amount equivalent to that in Euro (the Reuters Currency Converter website can be found via Google).

**I certify** that I have read carefully and understood the **Policies and Procedures** related to the ECVAA Residency and that I understand the requirements for the credentials which must be attained before being able to sit the Diploma examinations (please tick) 

**I fully understand** that if the deadline for credentials submission (1 March) are missed, examination entry will be denied (please tick)

**I certify** that I am using approved Anaesthesia and ICU records (please tick)

Signature Date

1. **Section to be filled by the Main Supervisor**:

**I**, (Full Name in BLOCK CAPITALS), **hereby certify** that:

**I will** be supervising the above proposed programme.

**I have** read carefully and understood the **Policies and Procedures** related to the Residency and that **I understand** the requirements for the credentials which must be attained before the Resident will be able to sit the Diploma examinations.

**Signature**: **Date**:

*By signing this document, you agree to your information being used as per the ECVAA Privacy Policy, which is available at* [*www.ecvaa.org*](http://www.ecvaa.org)*. If you do not agree with this Privacy Policy, please contact the ECVAA Secretary:* [*ecvaa.secretary@gmail.com*](mailto:ecvaa.secretary@gmail.com)*.*

|  |  |
| --- | --- |
| **For Official Use ONLY** | |
| Assessor |  |
| Date |  |
| *Standard and Alternate* |  |
| Enrolment form | Yes No |
| Completed front page with picture | Yes No |
| Degree from EAEVE approved University | Yes No |
| Adequate pre-residency Experience i.e. rotating internship or 2 years general practice. | Yes No |
| Main supervisor |  |
| Signed by main supervisor | Yes No |
| Signed by candidate | Yes No |
| Duration of residency |  |
|  | |
| *Only for Alternate Track* |  |
| Non approved Centre forms | Yes No |
| Approved other centres (list) |  |
| Non-approved centres (list) |  |
| Anaesthetic charts submitted (if using non-approved centre forms) | Yes No |
| **General comments** | |
| **Approved** | **Yes No** |