



## MEDICINE TRAINING COURSE APPROVAL APPLICATION

Company	
Contact Name	
Contact email/phone number	
Name of Course	
Sectors (please tick all that apply)	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef & Lamb <input type="checkbox"/> Pigs
Area covered by the course, e.g. NW, SW, Midlands, National	
Materials supplied for approval (powerpoint slides & notes, course pack)	

Send completed form and materials to [memberhelp@redtractor.org.uk](mailto:memberhelp@redtractor.org.uk)