**Application to The British Alpaca Society to seek funding for Camelid CPD.**

|  |  |
| --- | --- |
| Name |  |
| Name of Vet Practice |  |
| Address (Town, County) |  |
| Number of years qualified |  |

 Tick here to confirm that you understand that *in order to receive funding, you agree to attend live sessions or view the recordings for all 9 sessions of the course as well as the practical half day session at the end.*