



Better Training for Safer Food Training sessions on **Animal Identification, Registration and Traceability**

REGISTRATION FORM

The Consumers, Health and Food Executive Agency is organising, on behalf of the European Commission's Health and Consumers Directorate-General, a cycle of 10 training courses in the field of **Animal Identification, Registration and Traceability** mainly for EU Member States within the Better Training for Safer Food initiative. In total 280 participants coming from selected Member states and third countries will be invited for each training. The seminars will take place in France, Germany, Poland and Portugal in 2014/ 2015.

The objectives of the **specific training courses on Animal Identification, Registration and Traceability** under the BTSF initiative are to develop the ability to spread the knowledge and best practices for the implementation and control of animal identification, registration and traceability. These training sessions are addressed both to officials involved in control activities and officials involved in the design, management and operation of animal identification, registration and traceability. At the end of the courses it is intended that the participants can perform their tasks and guarantee the verification of compliance with the established basic and specific rules on Animal identification, registration and traceability.



REGISTRATION FORM

Please fill-in this application form carefully before sending it to your **Contact Point**. Please note that the designated Contact Points are responsible for participant selection. Selected participants will receive a confirmation letter containing all relevant information on the training session they will attend.

Preferred Training Session

(You must select only ONE training session!)

2.-6. June 2014
Lyon
<input type="checkbox"/>

23.-27. June 2014
Munich
<input type="checkbox"/>

General information

	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
1. Family name:	
2. First name(s):	
3. Date of birth:	
4. Nationality:	
5. PASSPORT N°:	

Languages

Please note that the **training session language is ENGLISH**.
Please indicate your level of knowledge

Language	Level	Your level
English	Basic user (levels A1 and A2)	<input type="checkbox"/>
	Independent user (levels B1 and B2)	<input type="checkbox"/>
	Proficient user (levels C1 and C2)	<input type="checkbox"/>



Contact details

Professional contact details:			
Name of the organisation/institution you are working for:			
Address:			
Street		Post code	
City		Country	
Phone		Mobile	
Fax		Email	

(Please state your direct professional email address so that we can easily be in contact with you)

Private contact details:			
<i>Please note that private contact details, especially a mobile phone number, are extremely important in case we have to contact you urgently shortly before an event (SMS or call).</i>			
Address:			
Street		Post code	
City		Country	
Phone		Mobile	
Fax		Email	

Educational and professional information

Educational background:

- University degree in Food Sciences and Technology/Human nutrition/Food production
- University degree in Veterinary Science
- Engineer
- University degree in Sciences (agronomy / microbiology / biology / chemistry)
- Lawyer
- Other:

Present position:

What is your current position within your institution?	
When did you start your current function in this institution?	
Are you working at Central or Regional/Local level in your country?	
Specific region/district:	



Are you directly involved in control activities on the field?

No

Yes Total number of years' experience

Specify

Are you directly involved in the design, management and operation of animal identification, registration and traceability?

No

Yes Total number of years' experience

Specify

Are you responsible for developing strategy and policies?

No

Yes Total number of years' experience

Specify

Professional experience:

Total number of years of experience in the area:	<input type="text"/>
Brief description of your experience in the area:	<input type="text"/>
<i>Feel free to also attach your curriculum vitae to your application form (in English language).</i>	
Motivation to participate in the training session:	<input type="text"/>
Please describe how you intend to disseminate the information and knowledge gained during this seminar to others from your administration?	<input type="text"/>
Have you already participated in other "Better Training for Safer Food" training sessions in the past?	<input type="text"/>
<input type="checkbox"/> No	<input type="text"/>
<input type="checkbox"/> Yes	Please specify: <input type="text"/>



Travel information

Do you have any travel preferences (if applicable)?	
<input type="checkbox"/> Flight, nearest <i>international</i> airport of departure:	
<input type="checkbox"/> Train, nearest train station of departure:	
<input type="checkbox"/> Private transport (i.e. car)	
Personal Details (as on passport):	
Date of birth	
City of birth	
Nationality	

Please add a copy of your passport for the travel agency.

Visa Information

Please fill in this part if you are coming from a country outside the Schengen area and if you need a VISA to reach the hosting country

Passport Details (as shown on the passport used for VISA application and travel)		
You must make sure that your passport is valid for at least 4 months after the day of your return trip!		
Do you have a valid passport?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If you want to participate, you must apply for a valid passport in order to obtain your VISA for the period of the training session!)
Nationality		
Passport No.:		
Date and place of issue:		
Expiry Date:		
Do you have a valid VISA for the Schengen area? <i>(please make sure it covers the whole training period)</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If not, we will contact you to provide you with the documents for the VISA application procedure.</i>



Dietary and medical requirements

Dietary requirements		
<input type="checkbox"/> None		<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Vegan		<input type="checkbox"/> Muslim
<input type="checkbox"/> Kosher		<input type="checkbox"/> Other: <input type="text"/>
Food allergies		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify: <input type="text"/>	
Medical conditions requiring special attention in case of an incident:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify: <input type="text"/>	
Allergy to certain drugs:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify: <input type="text"/>	

Emergency information

Persons to contact in the event of accident or emergency (indicate name, relationship, address and contact number):

1)

Last / Family Name	<input type="text"/>	First Name:	<input type="text"/>
Relationship:	<input type="text"/>		
Address:	<input type="text"/>	Post Code:	<input type="text"/>
Country	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>

2)

Last / Family Name	<input type="text"/>	First Name:	<input type="text"/>
Relationship:	<input type="text"/>		
Address:	<input type="text"/>	Post Code:	<input type="text"/>
Country	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>

Don't forget to ask for your **European Health Insurance Card** before leaving.
More info on: <http://ec.europa.eu/social/main.jsp?catId=559>



PART FOR THE CONTACT POINT:

Approved by National Contact Point			
Country:			
Name:			
E-mail:			
Telephone:		Fax:	
Your application will be subject to approval by the Consumers, Health and Food Executive Agency. Non-attendance or cancellations will be reported to CHAFEA.			