**REGISTRATION FORM**

Training session on

“Import controls on certain feed and food of non-animal origin”

**ONLY TYPED REGISTRATION FORMS WILL BE ACCEPTED.**

**Participant information must be correct according to his/her passport.**

**Registration forms will be accepted only through the BTSF National Contact Point.**

**Your application will be subject to approval by the EU Directorate-General for Health and Consumers**

**Non-attendance or cancellations will be reported.**

**1. SELECTED SESSION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Session 1 | Session 2 | Session 3 | Session 4 | Session 5 |
| **Genoa**/ English  21-24 April 2015 | **Rotterdam-Delft** / English  9-12 June 2015 | **Valencia**/ English  22-25 Sept 2015 | **Riga** / English  28-30 Oct 2015 | **Frankfurt**/English  24-27 Nov 2015 |
|  |  |  |  |  |

**2. INFORMATION ON THE PARTICIPANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender | Family name | First names | Nationality | Date of birth |
| Choose from the list. | as it appears in the passport | as it appears in the passport | as it appears in the passport | as it appears in the passport |

|  |  |
| --- | --- |
| Identity document | Passport  Identity card |
| Number |  |
| Place and date of issue |  |
| Expiry date |  |

|  |  |
| --- | --- |
| Present position (job description): |  |
| Organisation: |  |

|  |  |
| --- | --- |
| E-mail: |  |
| Telephone: |  |
| Mobile: |  |
| Fax: |  |
| Address: |  |
| ZIP Code: |  |
| Town: |  |
| Country: |  |

**3. TRAVEL INFORMATION**

|  |  |
| --- | --- |
| Travel Mode: | Choose from the list. |
| Place of Departure (Airport/station) |  |
| I need an invitation letter from the organiser for visa application/ internal clearance | Choose from the list. |

**4. LANGUAGE SKILLS** (1=fluent; 2=working knowledge, 3=basic)

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Reading | Speaking | Writing |
| English |  |  |  |

**5. DIETARY REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| Normal diet | Gluten-free | Kasher |
| Vegetarian | Halal | other: |

**6. INFORMATION ON THE AUTHORISING SUPERVISOR**

|  |  |
| --- | --- |
| 3.1. Gender: | Choose from the list. |
| 3.2. Family name: |  |
| 3.3. First/Given name: |  |
| 3.4. Position: |  |
| 3.5. Organisation: |  |
| 3.6. E-mail: |  |
| 3.7. Telephone: |  |
| 3.8. Fax : |  |
| 3.9. Address: |  |
| 3.10. ZIP Code: |  |
| 3.11. Town: |  |
| 3.12. Country: |  |

**7. CURRICULUM VITAE**

**7.1. Education:**

|  |  |  |
| --- | --- | --- |
| Institution (name and country): | From… To… | Degree(s) or Diploma(s) obtained: |
|  |  |  |
|  |  |  |

**7.2. Present position:**

**7.3. Years of experience in the field of work:**       years

**7.4. Professional Experience:** *(latest position occupied starting by the present one)*

|  |  |  |  |
| --- | --- | --- | --- |
| From… to… | Institution or Company | Position | Description |
|  |  |  | *Describe your main functions and responsibilities* |
|  |  |  | *Describe your main functions and responsibilities* |
|  |  |  | *Describe your main functions and responsibilities* |

**7.5. Motivation for participation:**