

Better Training for Safer Food

Training activities on Feed production and contaminants in food and feed mainly for EU MS

Advanced session on “EU hygiene rules and HACCP auditing”

WP2 – Course 2

The Executive Agency for Health and Consumers is organising, on behalf of the European Commission’s Health and Consumers Directorate-General, a cycle of six courses in the field of EU hygiene rules and HACCP auditing mainly for EU Member States within the Better Training for Safer Food initiative. In total, 30-35 participants coming from selected Member states will be invited for each training. The seminars will take place in Budapest, Amsterdam and Barcelona in 2013/ 2014.

The objectives of the ” **specific training course on EU hygiene rules and HACCP auditing** (Course 2) under the BTSF initiative are to ensure a better harmonization of hygiene controls in feed as well as of monitoring and auditing of HACCP plans by sharing knowledge and experiences of the tutors, as well of the participants. 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 feed rules.

The programme of the training courses and further information can be found on the contractor's website: <http://btsf.euroconsultants.be/>.

TRAINING APPLICATION 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.

Training	Selected
TS 01	<input type="checkbox"/>
TS 04	<input type="checkbox"/>
TS 05	<input type="checkbox"/>
TS 07	<input type="checkbox"/>
TS 09	<input type="checkbox"/>
TS 11	<input type="checkbox"/>

All detailed information about the training session exact dates, location and languages are available on the contractor's website: <http://btsf.euroconsultants.be/>.



General information

Last / Family Name:
First Name:
Sex: Female Male

Languages

Please note that the **training session language is ENGLISH**. An interpretation can possibly be organised, for further details, please check the contractor's website: <http://btsf.euroconsultants.be/>.

English:	Level:	Basic user (levels A1 and A2) ¹	<input type="checkbox"/>
		Independent user (levels B1 and B2)	<input type="checkbox"/>
		Proficient user (levels C1 and C2)	<input type="checkbox"/>
French:	Level:	Basic user (levels A1 and A2) ²	<input type="checkbox"/>
		Independent user (levels B1 and B2)	<input type="checkbox"/>
		Proficient user (levels C1 and C2)	<input type="checkbox"/>
Spanish:	Level:	Basic user (levels A1 and A2) ²	<input type="checkbox"/>
		Independent user (levels B1 and B2)	<input type="checkbox"/>
		Proficient user (levels C1 and C2)	<input type="checkbox"/>
Russian:	Level:	Basic user (levels A1 and A2) ²	<input type="checkbox"/>
		Independent user (levels B1 and B2)	<input type="checkbox"/>
		Proficient user (levels C1 and C2)	<input type="checkbox"/>
-----	Level:	Basic user (levels A1 and A2) ²	<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 for which you are working:
.....

Address:
Post Code:
City:
Country:
Phone:
Mobile:
Fax:
Email:

(please write here your direct professional email address so that we can easily be in contact with you)

¹ The self-assessment grid is based on the six level scale of the common European framework of reference for languages developed by the Council of Europe - <http://europass.cedefop.europa.eu/LanguageSelfAssessmentGrid/en>



Private contact details:

Please note that private contact details, and namely the mobile phone number, are extremely important in case the contractor has to contact a participant urgently a few hours before an event (SMS or call).

Address:
Post Code:
City:
Country:
Phone:
Mobile:
Fax:
Email:

Educational and professional information

Educational background:

- University degree in Veterinary Sciences
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 official control activities in the field of animal nutrition?

- No
Yes, total number of years of experience:

Specify:
.....
.....

Are you directly involved in official HACCP auditing in the field of animal nutrition?

- No
Yes, total number of years of experience:

Specify:
.....
.....

Are you responsible for Feed hygiene rules and HACCP policies in the area of animal nutrition?

- No
Yes, total number of years of experience:

Specify:
.....
.....



Professional experience:

Total number of years of experience in the area:

Brief description of your experience in the area:

.....
.....
.....

Feel free also to attach your curriculum vitae to your application form.

Motivation to participate in the training session:

.....
.....
.....

Please describe how you intend to disseminate the information and knowledge gained during this seminar to others from your administration?

.....
.....
.....

Have you already participated in other “Better Training for Safer Food” training sessions in the past?

- No
- Yes, specify:

Travel information

Your travel preferences:

- Flight, nearest international airport for departure:
- Train, nearest train station for departure:
- Private transport (i.e. car)

Date of birth:

City of birth:

Nationality:

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

Do you have a valid passport?

- yes (please make sure that it is valid up to at least 4 months after the day of your return trip)
- no

If yes, please fill in the following data:

Nationality declared in the passport that you will use for your VISA application:

.....

Passport number:

Place and date of emission:

Expiry date:



If not, please apply as soon as possible for a valid passport, as it is necessary to obtain your VISA.

- Do you have a valid VISA for the Schengen area?
- yes (please make sure that it covers the whole training period)
 - no

If not, we will contact you to provide you with the documents to start the VISA application procedure.

Dietary and medical requirements

Dietary requirements:

- None
- Vegetarian
- Muslim
- Kosher
- Other special meal consideration:

Severe food allergies:

- None
- Yes, please specify:

Medical conditions requiring a special attention in case of incident:

- None
- Yes, please specify:

Allergy to certain drugs:

- None
- Yes, please specify:



Emergency information

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

- 1) Last / Family Name:
- First Name:
- Relationship:
- Address:
- Post Code:
- City:
- Country:
- Telephone:
- Mobile:
- E-mail :

- 2) Last / Family Name:
- First Name:
- Relationship:
- Address:
- Post Code:
- City:
- Country:
- Telephone:
- Mobile:
- E-mail :

Your application will be subject to approval by the Executive Agency for Health and Consumers.

Non-attendance or cancellations will be reported to the Executive Agency for Health and Consumers.

PART FOR THE CONTACT POINT:

Approved by Contact Point:

Title (Dr/Mr/Mrs/Miss/Ms)..... First Name

Last/Family Name

Job Title

Institution

Country

E-mail: