**Better training for safer food**

**Training Course on**

**Health and Disease Prevention for Zoo Animals**

**TRAINING APPLICATION FORM**

Please carefully fill-in this application form before sending it to your [**National Contact Point**](http://ec.europa.eu/food/training_strategy/participants/ms_contact_points_en.htm) (within your competent authority).

Please note that the designated National Contact Points are responsible for the participant selection. Selected participants will receive a confirmation letter containing all relevant information on the training session they will attend.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Dates** | **Location** | **Selected** |
| Zoo animals | 10-13 June 2014 | Antwerp, BE | [ ]  |
| Zoo Animals | 16-19 September 2014 | Antwerp, BE | [ ]  |
| Zoo Animals | 10-13 March 2015 | Antwerp, BE | [ ]  |

**Contact details:**

Full Family Name (exactly as indicated on your passport)[[1]](#footnote-1):

Full First Name (exactly as indicated on your passport)1:

Nationality:

Sex: Female [ ]  Male [ ]

Phone (including international country calling code):

Mobile (including international country calling code):

Email:

 **Language skills:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Intermediate | Basic | None |
| English | [ ]  | [ ]  | [ ]  | [ ]  |

**Dietary requirements:**

[ ]  Normal Diet

[ ]  Vegetarian

[ ]  Gluten-free

[ ]  Halal

[ ]  Kasher

[ ]  Other, specify:

**Educational background:**

[ ]  Doctor in veterinary sciences

[ ]  Engineer

[ ]  Doctor in Sciences (microbiology / biology / chemistry)

[ ]  Lawyer

[ ]  Other, specify:

**Present position:**

For which institution are you working?

How long have you been working for this institution?

What is your current position within your institution?

How long have you held this position?

If you are working in an Institution, are you working at the Central [ ]  or at the Regional/Local [ ]  level in your country?

Specific region/district:

If you work at the Central level, are you involved in legislation matters?

[ ]  Yes

[ ]  No

Are you directly linked to a zoo and part of a zoo management team?

[ ]  Yes

[ ]  No

**Are there particular subjects you would like to be addressed during the training?**

[ ]  No

[ ]  Yes, specify:

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

[ ]  No

[ ]  Yes, specify:

**Travel preferences:**

[ ]  Flight

[ ]  Train

[ ]  Car

Please specify the nearest **INTERNATIONAL AIRPORT/RAILWAY STATION** for departure:

**Your application will be subject to approval by the EU Directorate-General for Health and Consumers. Non-attendance or cancellations will be reported to the Directorate.**

1. As they will be indicated on your flight ticket and on the name tag you will bear during the seminar [↑](#footnote-ref-1)