



BETTER TRAINING FOR SAFER FOOD

Training Course on

Prevention, Control and Eradication of Transmissible Spongiform

Encephalopathies

TRAINING APPLICATION FORM

Please carefully fill-in this application form before sending it to your [National Contact Point](#) (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.

Training	Date	Location	Selected
1	17-20 June 2014	Utrecht, The Netherlands	<input type="checkbox"/>
2	30 September – 3 October 2014	Utrecht, The Netherlands	<input type="checkbox"/>
3	4-7 November 2014	Ljubljana, Slovenia	<input type="checkbox"/>
4	25-28 November 2014	Lisbon, Portugal	<input type="checkbox"/>
5	20-23 January 2015	Ljubljana, Slovenia	<input type="checkbox"/>
6	17-20 March 2015	Lisbon, Portugal	<input type="checkbox"/>
7	5-8 May 2015	Ljubljana, Slovenia	<input type="checkbox"/>
8	15-18 September 2015	Utrecht, The Netherlands	<input type="checkbox"/>

Contact details:

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

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

Nationality:

Sex: Female Male

¹ As they will be indicated on your flight ticket and on the name tag you will bear during the seminar



Phone (including international country calling code):

Mobile (including international country calling code):

Email:

Language skills:

	Excellent	Intermediate	Basic	None
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?²

How long have you been working for this institution?

What is your current position within your institution?

² This will be indicated on the name tag you will bear during the seminar



How long have you held this position?

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

Specific region/district:

Are you responsible for developing TSEs control strategy and policies?

No

Yes, Please indicate in what areas you develop TSEs control strategy and policies:

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.