

## Application for Approval of Site to Undertake TSE Testing

Name of Company (Organisation)	
Name of Principal Contact	
Full Address	
Postcode	

Contact Telephone Number	
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Current ABP Approval Number	
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Do you already have staff trained to sample for TSEs? Yes  No

Staff trained in Sampling: Cattle  Sheep/Goats  Cattle/Sheep/Goats

Any other information e.g. current status of premises and likely throughput of carcasses eligible for sampling per week (cattle, sheep and goats)

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I have prepared a written standard operating procedure (a plan to ensure I will meet the requirements of the Annex) which I include for assessment by Animal and Plant Health Agency (APHA) prior to the approval visit.

Signature	
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Name in BLOCK LETTERS	
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Date	
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### FAIR PROCESSING NOTICE

Defra, the Scottish Government, the Welsh Government and the Food Standards Agency are Data Controllers in Common in respect of personal data processed by the Animal and Plant Health Agency (APHA). For the purposes and usage of the data by APHA and the data sharing arrangements, please see the APHA Personal Information Charter on GOV.UK. A hard copy of this can be provided if required; please contact your local APHA Field Service office. APHA will not permit any unwarranted breach of confidentiality or act in contravention of their obligations under the Data Protection Act 1998. APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency.

Once you have completed this application form please send the signed copy to the ABP Team at the following address:

APHA address ABP Team, APHA Customer Service Centre County Hall Spetchley Road Worcester WR5 2NP
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APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.

<b>HM3 Stamp</b>	Name:		Date Received:		WS ID:	
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