Application for Authorisation of Breeder/Supplier/Users under Scientific Animal Protection Legislation

Section A: breeder/supplier/user establishment Details

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| **APPLICANT DETAILS (I.E. BREEDER/SUPPLIER/USER DETAILS)** | |
| **Name of establishment** |  |
| **Address** |  |
| **Telephone** |  |

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| **ESTABLISHMENT LOCATIONS**  List the names and addresses of all establishment locations proposed for authorisation where breeder/supplier/user activities will be conducted.  Copy and paste the table below as many times as necessary to include all establishment locations. | **establishments with no locations**  If the application is for a user establishment that does not have any animal facilities, the establishment location fields should not be completed. Instead, select ‘User only’ below and enter the relevant species:    **User only (no animal facilities)**  **Species:** |

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| --- | --- | --- | --- | --- |
| **ESTABLISHMENT LOCATION Name:** | | |  | |
| **Address** |  | | | |
| **Activities to be conducted** | | | | |
| **Breeder** | | **Supplier** | | **User** |
| **Species:** | | **Species:** | | **Species:** |

SECTION B: personnel details

Please provide details of the key personnel at the breeder/supplier/user establishment. For every person listed, append a CV to demonstrate relevant qualifications, including training, which indicate suitability for this role.

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| **COMPLIANCE OFFICER**  Where multiple compliance officers are required, copy and paste this table as many times as necessary to add each compliance officer. | | | |
| **Title** |  | **Name** |  |
| **Telephone** |  | **E-mail** |  |
| **Address** |  | | |

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| **DESIGNATED VETERINARIAN OR SUITABLY QUALIFIED EXPERT** | | | | |
| **Title** |  | **Name** |  | |
| **Telephone** |  | **E-mail** |  | |
| **Address** |  | | | |
| **Veterinary Council of Ireland (VCI) Number (where relevant)** | | | |  |

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| **ANIMAL CARE AND WELFARE OFFICER(S)**  (Add additional rows if necessary) | | |
| **Title & Name** | **E-mail** | **Telephone** |
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| **information OFFICER(S)**  (Add additional rows if necessary) | | |
| **Title & Name** | **E-mail** | **Telephone** |
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| **Training OFFICER(S)**  (Add additional rows if necessary) | | |
| **Title & Name** | **E-mail** | **Telephone** |
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Section C: Animal welfare Body

Provide details of the current members of the animal welfare body. Please note that at least one of the persons listed below must be a full time employee at the breeder/supplier/user establishment. Add additional rows if necessary.

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| **Title & Name** | **Role in animal welfare body** |
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Section D: Site Master file

Submit a completed site master file with this application form, providing the information outlined in the ‘Guide to Preparation of a Site Master File for Breeder/Supplier/Users under Scientific Animal Protection Legislation’ (available at [www.hpra.ie](http://www.hpra.ie)).

Section E: Declaration and undertaking

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| *The declaration and undertaking below* *must be signed by or on behalf of the applicant i.e. by compliance officer(s) responsible for ensuring compliance with the provisions of Directive 2010/63/EU and S.I. No. 543 of 2012 as amended by S.I. No. 434 of 2013, S.I. No. 174 of 2014 and S.I. No. 553 of 2018 of the breeder supplier/user.*  I hereby **declare** that the information contained in this application is true and correct.  The applicant hereby **undertakes** that in the event of the authorisation being granted:  To ensure fulfilment of the obligations arising by virtue of the terms and conditions of the authorisation.  To ensure fulfilment of the requirements of S.I. No. 543 of 2012 as amended by S.I. No. 434 of 2013, S.I. No. 174 of 2014, S.I. No. 552 of 2016 and S.I. No. 553 of 2018, including that:   * + all animals are provided with accommodation, an environment, food, water and care which are appropriate to their health and well-being.   + any restrictions on the extent to which an animal can satisfy its physiological and ethological needs are kept to a minimum.   + the environmental conditions in which animals are bred, kept or used are checked daily.   + arrangements are made to ensure that any defect or avoidable pain, suffering, distress or lasting harm discovered is eliminated as quickly as possible.   + animals are transported under appropriate conditions.   + compliance with relevant requirements set out in Annex III of Directive 2010/63/EU including guidance for housing husbandry and care.   + the establishment(s) has installations and equipment suited to the species of animals housed and, where procedures are carried out, to the performance of the procedures.   + where procedures are carried out the design, construction and method of functioning of the installations and equipment in their establishments (a) are such as to ensure that procedures are carried out as effectively as possible, and (b) aim at obtaining reliable results using the minimum number of animals and causing the minimum degree of pain, suffering, distress or lasting harm.   + sufficient appropriate personnel will be on site and made available at the establishment(s).   + the welfare and care of animals is appropriately overseen and that the animal welfare body is appropriately informed and consulted.   + all persons carrying out procedures, managing projects or performing euthanasia of animals at the establishment(s) will have the appropriate training and that the appropriate authorisations are in place.   + an application for renewal of authorisation is submitted if there is any significant change to the structure or function of the establishment(s) that could negatively affect animal welfare.   + the relevant maintenance fees are paid to the HPRA as required.   Signature of compliance officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (on behalf of the applicant)  Print/type name:  Date:  Signature of compliance officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (on behalf of the applicant)  Print/type name:  Date:  Signature of compliance officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (on behalf of the applicant)  Print/type name:  Date: |

Checklist of documentation to be submitted with the application

CVs

Site master file