Application for an Amendment to an Individual Authorisation under Scientific Animal Protection Legislation

For details on completing this application form, please see the ‘[Guide to New, Amendment, Renewal and Reactivation Applications for Individuals under Scientific Animal Protection Legislation](http://www.hpra.ie/homepage/about-us/publications-forms/guidance-documents/item?id=8bcaf925-9782-6eee-9b55-ff00008c97d0)’.

Section A: Applicant and proposed amendment

|  |  |  |
| --- | --- | --- |
| **A1: applicant details** | | |
| **Title** |  | |
| **First name** |  | |
| **Surname** |  | |
| **Address** |  | |
| **Eircode** |  | |
| **Email** |  | |
| **Telephone** |  | |
| **Current position** |  | |
| **Name of user establishment** |  | |
| **Individual authorisation number** |  | |
| **Is the individual authorisation subject to a specific condition? (captured on the final page of your authorisation document)** | | Yes  No |
| **If ‘yes’, provide evidence that the specific condition has been fulfilled.**  **If the specific condition has not been fulfilled, please provide justification:** | | |
|  | | |

|  |
| --- |
| **A2: PROPOSED AMENDMENT**  *Tick all that apply and enter details in Section B below.* |
| **Project management:**  Addition of this new activity, or addition of a new species for this activity  **Carrying out procedures:**  Addition of this new activity, addition of the use of neuromuscular blocking agents, or addition of a new species for this activity  **Performing euthanasia:**  Addition of this new activity, addition of a new method of euthanasia, addition of a new species for this activity, or addition of an unauthorised location |

Section B: proposed amendment details

If necessary, please append an updated CV outlining your suitability for the activities selected. A CV template is available on the HPRA website; however, CVs in other formats are also accepted.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Select the species of animal(s) for which authorisation is sought as part of this amendment application, using the table below.**  **Where the species of animal does not clearly fit into the general categories provided, please specify the species in the relevant column.**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Species**  **Activity** | **Fish** | **Amphibians** | **Reptiles** | **Birds** | **Rodents** | **Rabbits** | **Dogs, cats, ferrets, foxes** | **Large mammals** | **Non-human primates** | **Other species:**  ***(please specify)*** | | **PROJECT MANAGEMENT** |  |  |  |  |  |  |  |  |  |  | | **CARRYING OUT PROCEDURES**   * Use of neuromuscular blocking agents\* |  |  |  |  |  |  |  |  |  |  | | **PERFORMING EUTHANASIA**   * Annex IV approved method * Non-Annex IV method\*\* |  |  |  |  |  |  |  |  |  |  |   \*Evidence of education, training (or a training plan, including the name of the trainer) and experience must be provided through submission of a CV and training records (or training plan), and a strong justification must be provided as to why the use of neuromuscular blocking agents is required. CV and training record templates are available on the HPRA website; however, CVs and training records in other formats are also accepted.  \*\*If a method of euthanasia other than the methods approved in Annex IV of [Directive 2010/63/EU](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32010L0063&from=EN) is to be used, provide details on the method proposed and a justification as to why this method is necessary below: |
|  |
| EUTHANASIA IN UNAUTHORISED LOCATIONS  **If relevant, list any additional unauthorised location (outside of the authorised user establishment entered under Section A) where you plan to conduct euthanasia:** |
|  |
| **Provide a scientific justification as to why this additional unauthorised location is necessary:** |
|  |

Section c: dECLARATION AND UNDERTAKING

|  |
| --- |
| *The declaration and undertaking must be signed by the individual applicant and the compliance officer responsible for ensuring compliance with the provisions of Directive 2010/63/EU and S.I. No. 543 of 2012 at the registered breeder/supplier/user.*  **Applicant**  I hereby declare that an amendment to the authorisation identified in section A above is sought for the purposes indicated above in Sections A and B and that the information provided in this application form is correct and complete.  I hereby declare that, in the event of the authorisation being granted:  I shall respect the principles of Replacement, Reduction and Refinement (the 3R principles) and comply with the terms and conditions of the authorisation.  I shall use the authorisation only for the purposes stated above in Sections A and B.  I hereby undertake, 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.  Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print/type name:  Date:  **Compliance officer responsible for ensuring compliance with the provisions of Directive 2010/63/EU and S.I. No. 543 of 2012 at the registered/authorised establishment**  I hereby declare that  the applicant is affiliated to the primary breeder/supplier/user referred to in Section A.  I understand that if the applicant fails to uphold their responsibilities under Directive 2010/63/EU and S.I. No. 543 of 2012, this may have implications for the continued authorisation of the breeder/establishment/user concerned.  I hereby undertake, in the event of the amendment authorisation being granted to the applicant:  that they have or shall be provided with appropriate training, education, and experience for the work outlined in this application, and have or shall be supervised in the performance of the above tasks until they have demonstrated requisite competence.  to ensure maintenance of accurate and up-to-date training records demonstrating training received by, supervision provided to, and competence attained by, the applicant.  Signature of compliance officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (on behalf of breeder/supplier/user)  Print/type name:  Date: |

**checklist**

Updated CV (setting out education and training, experience, and publication history)

Training record/plan for the use of neuromuscular blocking agents

Evidence of having fulfilled specific conditions (where relevant)