

**NIPHAS 1**

#### APPLICATION FORM FOR MEMBERSHIP OF:

#### THE NORTHERN IRELAND POULTRY HEALTH ASSURANCE SCHEME

Please use **BLOCK LETTERS**

**SECTION A**

**Company/Site** Details

**1.** Name of Poultry Company: Click or tap here to enter text.

 Address of Company: Click or tap here to enter text.

 Click or tap here to enter text.

 Telephone Number: Click or tap here to enter text.

**2.a** Name of flock keeper: Click or tap here to enter text.

 **Postal** address Click or tap here to enter text.

 Click or tap here to enter text.

 Flock number: UK9Click or tap here to enter text.

**2.b** **Site** address of flock/hatchery (if different to 2.a) Click or tap here to enter text.

 Click or tap here to enter text.

**3.** Name(s) of person(s) in charge: Click or tap here to enter text.

 Telephone number: Click or tap here to enter text.

**Flock/Hatchery Details**

**SECTION B**

Type of birds (please select from the list below)

Click "here" to select

If other please state Click or tap here to enter text.

Please tick (**🗸**) as appropriate

|  |  |
| --- | --- |
| Egg Production Line [ ]  | Meat Production Line [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grandparent Layer [ ]  | Grandparent Rearer [ ]  | Parent Layer [ ]  | Parent Rearer [ ]  | Hatchery [ ]  |
| Turkey poultry grower [ ]  | Commercial pullet rearer [ ]  | Rearer other [ ]  | Layer other [ ]  |  |

Number of houses on premises Click or tap here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| House 1 | House 2  | House 3 | House 4  | House 5  | House 6 |
|       |       |       |       |       |       |

Number of birds per house

Hatchery Incubator Capacity (if applicable) Click or tap here to enter text.

Is Production seasonal? If yes, please give dates of production Click or tap here to enter text.

**SECTION C**

**Applicable to those wishing to join the Scheme for the first time**

I wish to apply for membership of the NI Poultry Health Assurance Scheme (NIPHAS) and certify that the details provided in this form are correct.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Name (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status \_\_\_\_\_\_\_\_\_\_\_\_

Please send your completed form to: Department of Environment, Agriculture and Rural Affairs

 1st Floor, Jubilee House,

 111 Ballykelly Road, Ballykelly

 BT49 9HP

 🖰 tradeadminpost@daera-ni.gov.uk

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*May 2023*