**Schedule 13 – Contractors Key Personnel**

**Veterinary Practice Name:**

**Practice NIFAIS Code:**

**Email address** to receive

communication from TB Contract Team:

**Phone number** to receive

communication from TB Contract Team:

**Alternative Phone number** to receive

communication from TB Contract Team:

**Use additional**

**page if necessary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Veterinary Surgeon Name** | **SAVS or AVS?** | **APHIS Code** | **RCVS Registration Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Include information on locum / freelance workers.

|  |
| --- |
| **Administrative staff name** |
|  |
|  |
|  |

**Note:** Any change in Key Personnel must be dealt with in accordance with clause 14.2 of the General Terms and Conditions of Contract. The Contractor must inform the Authority, preferably before a change of Key Personnel (addition or removal of personnel) by sending this form to the Contract Manager at [TB.CM@daera-ni.gov.uk](mailto:TB.CM@daera-ni.gov.uk)

**Schedule 13 Additional page**

|  |  |  |  |
| --- | --- | --- | --- |
| **Veterinary Surgeon Name** | **SAVS or AVS?** | **APHIS Code** | **RCVS Registration Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |