Contractor Address

DVO Address

Date

VP4

**PART A**

**Application for Theory Test – Schedule 11 of TB testing Services Contract**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name in capitals) am a Member of the Royal College of Veterinary Surgeons\* and wish to apply to the Department of Agriculture, Environment and Rural Affairs (DAERA) for a theory test assessment of Schedule 11 of the contract for the **PROVISION OF BOVINE TUBERCULOSIS TESTING AND ITS ASSOCIATED SERVICES**.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name in capitals) am a Member of the Royal College of Veterinary Surgeons and a Contractor under the terms of the contract for the **PROVISION OF BOVINE TUBERCULOSIS TESTING AND ITS ASSOCIATED SERVICES**. As a Contractor, I wish to apply to the Department of Agriculture, Environment and Rural Affairs (DAERA) for

 to be assessed for the Theory test of the Approval process as described in Schedule 7 of the contract named above.

DVO Office use only:

I receipt application of this completed VP 4 A and can confirm that

\_\_\_\_\_\_\_\_\_\_\_ (Insert name) attended the Office at and that a successful TB Theory test result was recorded. I have issued a VP 4 B Application for the Practical Assessment.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (VO / VI / DVO). DATE:

\* The Divisional Veterinary Officer/Veterinary Inspector/Veterinary Officer must verify RCVS membership. The applicant must provide formal photographic identification at the time of the theory test. When part VP 4 A is completed, this form must be forwarded urgently to Veterinary Service TB Contract Manager, Jubilee House, 111 Ballykelly Road, Limavady, BT49 9HP.

VP4

**PART B**

**Application for Practical Assessment – Schedule 11 of TB testing Services Contract**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name in capitals) request

that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name in capitals) be supervised for approval to carry out tuberculin tests allocated to my practice by the Department of Agriculture, Environment and Rural Affairs (DAERA) in accordance with the terms and conditions of the TB Testing Contract and related Schedules.

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ candidate is competent.

The completion dates and locations of these herd tests are listed below:

|  |  |  |
| --- | --- | --- |
| Date | Herd number | No. tested |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I undertake to ensure that he/she will attend a seminar on the Department’s tuberculosis eradication scheme when invited to do so.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MRCVS DATE: \_\_\_\_\_\_\_\_\_\_

Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRACTICE CODE: \_\_\_\_\_\_\_\_\_

VP4

**PART C APPROVAL OF A VETERINARY SURGEON TO CARRY OUT TUBERCULIN TESTING ON BEHALF OF A CONTRACTOR**

**(To be completed by the field DVO.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) has successfully completed the theory test on .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) been supervised carrying out a tuberculin test on behalf of the Contractor, (practice code). This test was carried out in accordance with the conditions laid down by the Department. The Practice was represented at the approval inspection by an approved veterinary surgeon, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name in capitals and Code).

I recommend approval / Approval at this time is not recommended (delete as appropriate).

SIGNATURE: DVO/VI/VO DATE: \_\_\_\_\_\_\_

Please note: When parts A, B and C are completed this form must be forwarded urgently to Veterinary Service TB Contract Manager, Jubilee House, 111 Ballykelly Road, Limavady, BT49 9HP