Application for an Individual Authorisation under Scientific Animal Protection Legislation

For details on completing this application form, please see the HPRA ‘[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 BREEDER/SUPPLIER/USER details

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| Applicant details | | |
| **Title** |  | |
| **First name** |  | |
| **Surname** |  | |
| **Address** |  | |
| **Eircode** |  | |
| **Email** |  | |
| **Telephone** |  | |
| **Current position** |  | |
| **1. Have you completed a relevant approved or accredited scientific animal training course?** | | Yes  No |
| **If ‘yes’, please append a copy of the successfully completed course certificate.**  **If ‘no’, please comment:** | | |
|  | | |
| **2. Is the application for a full-term individual authorisation for five years or a once-off short-term individual authorisation for two months or less?** | | Full-term  Short-term |
| **3. If a short-term authorisation is requested, provide details of the relevant HPRA project authorisation(s), the activities expected to be carried out by the individual and the timeframe for which the individual authorisation is requested (include specific dates if possible):** | | |
|  | | |
| **4. If you currently hold a valid individual authorisation for a different user establishment(s), provide each individual authorisation number and the date of expiry below (if applicable, no additional documentation is required at the time of submission):** | | |
| **INDIVIDUAL AUTHORISATION NUMBER** | | **EXPIRY DATE** |
|  | |  |
| **5. If you are applying for a new individual authorisation because your existing individual authorisation has expired or is due to expire within 28 days of the date of submission of this application, provide your existing individual authorisation number and the date of expiry below:** | | |
| **INDIVIDUAL AUTHORISATION NUMBER** | | **EXPIRY DATE** |
|  | |  |
| **6. If your existing authorisation has expired or is due to expire within 28 days of the date of submission of this application and your existing authorisation was subject to a specific condition (captured on the final page of your authorisation document), please provide evidence of having fulfilled this specific condition:** | | |
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SECTION B: USER establishment details

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| **NAME OF the user establishment for which the individual authorisation is sought** | **user establishment HPRA authorisation number** |
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SECTION C: purpose of the individual authorisation

Please append a 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.

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| **Select the species of animal(s) for which authorisation is sought 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 B) where you plan to conduct euthanasia:** |
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| **Provide a scientific justification as to why this additional unauthorised location is necessary:** |
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SECTION d: declaration AND UNDERTAKINg

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| *The declaration and undertaking below 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 authorised breeder/supplier/user.*  **Applicant**  I hereby declare that authorisation is sought for the activities indicated above in Section C 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 activities stated above in Section C. * The relevant maintenance fees shall be paid to the HPRA as required.   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 authorised breeder/supplier/user**  I hereby declare that:   * the applicant is affiliated to the authorised user establishment referred to in Section B. * 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 authorised breeder/supplier/user concerned.   I hereby undertake, in the event of the 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. * that if they are a first time applicant, that they 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

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

Training course certificate (where relevant)

Fee application form and accompanying fee\*\*\*

Proof of payment of fee\*\*\*\*

Training record/plan for the use of neuromuscular blocking agents

\*\*\*The appropriate fee must be paid before the application can be validated for assessment. Information in relation to fees can be found on the [HPRA website](https://www.hpra.ie/regulation/scientific-animal-protection/fees-for-scientific-animal-protection). Queries in relation to the payment of fees should be submitted to [accounts@hpra.ie](mailto:accounts@hpra.ie).

\*\*\*\*Proof of payment should be a remittance advice or bank statement showing the fees have been paid to the HPRA.