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| **Application for a Certificate of Competence** |  |
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This form is for an application for a Certificate of Competence under the Welfare of Animals at the Time of Killing (Scotland) Regulations 2012. Before completing this application please read the guidance notes.

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| **Applicant Details** |
| **First Name** |  |
| **Surname** |  |
| **Address** |  |
|  |  |
| **City/County** |  |
| **Postcode** |  |
| **Country** |  |
| **Date of Birth** |  |
| **E-mail address** |  |
| **Contact Tel Number** |  |
| **WASK / CoC Ref. No.** *(if applicable)* |  |
| **Plant approval No.** (if applicable) |  |

I declare that I have not:

|  |  |
| --- | --- |
|  (i) been convicted of an offence under EU or national law on the protection of animals in the three years preceding the date of application;  |  |
| (ii) been refused a CoC under The Welfare of Animals at the Time of Killing (Scotland) Regulations 2012 |  |
| (iii) had any such licence to slaughter or kill animals revoked or suspended. |  |
| (iv) provided any information which I know to be false or misleading for the purpose of obtaining a Certificate of Competence to slaughter or handle animals. |  |

*(If you have not ticked any box above (i.e. answered No), this does not automatically exclude you from receiving a Certificate of Competence. Please contact your Authorised Veterinarian to discuss further.)*

I declare that:

|  |  |
| --- | --- |
| (a) I hold a Qualification Certificate for the Species and Activities for which I am applying for a Certificate of Competence |  |
| (b) I hold a current Slaughterer Licence (also known as a WASK Licence) for the Species and Activities for which I am applying for a Certificate of Competence |  |

Signature:

Full name: Date:

I wish to apply for Certificate of Competence in the species and operations as indicated below *(please insert the relevant code in the box below – the codes can be found on the Summary of Species and Activities)*:

**To be completed by the Applicant:**

|  |  |
| --- | --- |
| I have included a copy of my Qualification Certificate/ paper part of WASK licence |       |
| I have included a photograph |       |

**Validation:**

|  |  |
| --- | --- |
| Signature - Authorised Veterinary Surgeon |  |
|  |  |
| Name in BLOCK LETTERS |       |
|  |  |
| MRCVS Number (if applicable) |       |
|  |  |
| Date |       |

This form and accompanying documents should be sent to watok@fss.scot or FSS, 4th floor, Pilgrim House, Old Ford Road, Aberdeen, AB11 5RL.

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| **PRIVACY NOTICE** Personal Information collected on this Notice may include your name and address. This information is collected by *Food Standards Scotland* to support our delivery of Official Controls in Approved Meat Establishments in Scotland. We may share your information with other public bodies for the performance of a task carried out in the public interest or to help prevent fraud and crime, or where we are required to do so by law. You have a right to see the information we hold on you by making a request in writing to the email address below. If you wish to raise a complaint on how we have handled your information, you can contact our Data Protection Officer who will investigate the matter. If you are not satisfied with our response or believe we are not processing your information in accordance with the law you can complain to the Information Commissioner’s Office (ICO). The full privacy notice is available on our [website](https://www.foodstandards.gov.scot/privacy/food-business-establishments-and-approval-list-privacy-notice)Contact: FSS Data Protection Officer atdataprotection@fss.scotFSS Privacy Policy can be found at: <https://www.foodstandards.gov.scot/privacy> |