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Health Schemes TB Application Form

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Please return completed form to:

**SRUC Veterinary Services, Greycrook, St Boswells, TD6 0EQ**

Phone: 01835 822456 Email: [healthschemes@sruc.ac.uk](mailto:healthschemes@sruc.ac.uk)

Office use

CHeCS Membership ID:

**Which Scheme(s) do you wish to join:**

|  |  |
| --- | --- |
| **Scheme (tick as required)** | |
| Bovine TB Herd Accreditation Scheme (bTB) |  |
| Bovine TB Entry Level Scheme (EL) |  |

**Owner Details & Contact:**

The information below **MUST** match the information on APHA’s system that you have provided.

All boxes below **MUST** be completed otherwise APHA will reject the application.

|  |  |
| --- | --- |
| Title |  |
| Forename(s) |  |
| Surname |  |
| Trading Name (if applicable) |  |
| Correspondence Address |  |
|  | |
| County |  |
| Postcode |  |
| Contact Number |  |
| Holding Number (CPHH)  CPHH is required, this can be found on your test notification letter from APHA | Example CPHH: 99/111/0000/**01** |
| Email |  |
| UK Herd Prefix |  |

**Veterinary Practice:**

|  |  |
| --- | --- |
| Practice Name |  |
| Veterinary Surgeon who carried out the CHeCS accreditation visit |  |
| Address |  |
|  | |
| Postcode |  |

**Please refer to Sample Policy, Terms and Conditions and GDPR on our website at** [**www.sruc.ac.uk/vets**](http://www.sruc.ac.uk/vets)

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| --- | --- |
| Are there any resolved inconclusive reactors (rIRs) present on farm?  *If yes, applicant cannot become accredited until rIR has been removed from the farm.* | **YES / NO** |
| Any future resolved inconclusive reactors (rIRs) will be removed from the farm within 6 months of the disclosing test as per the CHeCS rules | **YES / NO** |
| Do you give permission for the Premium Cattle Health Scheme to access your data on  BCMS? | **YES /NO** |
| If you are in a 6 monthly surveillance TB testing area and you achieve a CHeCS score of 1 or above, do you wish to take advantage of annual surveillance TB testing (earned recognition)? | **YES / NO** |
| Do you have a CHeCS compliant health plan in place covering the control of TB, including entry level, signed off by the herd’s veterinary surgeon? (Please include a copy of the Entry Level form with this application) | **YES / NO** |

**Declarations**

* I wish to apply for membership of the Premium Cattle Health Scheme (PCHS) bTB programme
* I certify that the details given on this form are, to the best of my knowledge, correct.
* I agree for all relevant information to be shared with my veterinary surgeon.
* I give permission to APHA to supply PCHS with all relevant information concerning bTB testing of my herd for the past 10 years and in the future, and for PCHS to supply APHA with relevant herd information regarding my CHeCS bTB herd status.
* **I agree to adhere with the Scheme rules.**
* I agree to pay all fees payable under the PCHS bTB scheme and understand that failure to do so may result in the suspension or withdrawal of my membership.

If you **DO NOT** wish your herd to be displayed on out online database, please tick here:

*We plan to add TB to our online database in the future.*

|  |  |
| --- | --- |
| Are you an existing member of the Premium Cattle Health Scheme? | **YES / NO** |
| Are you transferring from another cattle health scheme?  *If yes, please state which \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **YES / NO** |

**Herd owner/manager** – *this* ***must*** *match your records with APHA*

Name (print): ……………………………………………………………………………………………………

Signature: …………………………………………………………………………. Date: ……………………

**Veterinary Surgeon** –I certify after reasonable investigation, and to the best of my knowledge, that CHeCS biosecurity requirements, are fully implemented and authorise qualification for CHeCS accreditation.

Name (print): ……………………………………………………………………………………………………

Signature: …………………………………………………………………………. Date: ……………………

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