

BEEF QUALITY INITIATIVE

PART I (b) Application to join the Cattle Health Management Learning Programme.

(You are advised to read the Beef Quality Initiative Explanatory Leaflet BQI 1 before completing this application form.)

PLEASE TICK BOXES WHERE APPROPRIATE

1. NAME: _____

2. ADDRESS: _____

POST CODE: _____

3. TELEPHONE NUMBER: _____

MOBILE NUMBER: _____

4. E-MAIL ADDRESS: _____

5. IACS CLIENT REFERENCE NUMBER: _____

6. Please enter the herd numbers associated with the IACS Client Ref. No. entered above:-

.....

7. Have you attended a learning programme under PART I (a) of the Beef Quality Initiative Scheme and been awarded a certificate. YES NO

8. If the answer to Question 7 is YES please proceed to Question 11.

9. If the answer to Question 7 is NO - are you a finisher of beef cattle. [For the definition of beef cattle please see the BQI Explanatory Leaflet PART I (b), page 3] YES NO

10. Did you slaughter 20 or more beef cattle through a registered abattoir in the 12 month period preceding the date of this application? (Please submit, along with your application form, documentary evidence to confirm that you meet this condition, for example, meat plant statements.) YES NO

11. Are you currently a member of the Northern Ireland Beef & Lamb Farm Quality Assurance Scheme (NIBLFQAS)? YES NO

FOR OFFICIAL USE

Please enter your NIBLFQAS registration number: _____

12. Are you currently registered as an organic producer?

Yes

No

Please enter Organic Sector Body and registration number:

13. Would you be available to attend a learning programme in the afternoon?

Yes

No

14. If you do not plan to attend the learning programme yourself, please indicate the name and address of the person you wish to nominate to attend on behalf of your farm business.

15. Does the person named at Question 14 have a responsibility for the day-to-day management of the suckler cow and or beef finishing enterprise on the farm?

YES

NO

DECLARATION:

I hereby confirm that:

- I have read the Beef Quality Initiative Explanatory Leaflet BQI I.
- The information that I have entered on this application form is to the best of my knowledge correct.

Warning:- Failure to meet the conditions stated in the Beef Quality Initiative explanatory leaflet will jeopardise any further payments by DARD and could result in the recovery of monies already paid. To knowingly or recklessly give false information to obtain payment for aid from the Beef Quality Initiative may result in prosecution.

- I agree to abide by the conditions set out in Explanatory Leaflet BQI I in relation to any claims for payment I may make under the Beef Quality Initiative.

I agree that Greenmount College can liaise with:

- Appropriate DARD Divisions and any other relevant organisations to confirm the information provided in this application form.
- The Livestock and Meat Commission to obtain the following information for cattle bearing my herd number(s) or slaughtered under my herd number(s) in Northern Ireland meat plants: UK tag number, breed, date slaughtered, date of birth, sex, carcass weight, carcass conformation class and fat score.
- Any national breed improvement company to obtain the latest breeding values for my pedigree cattle.

SIGNED: _____

INDICATE STATUS IN BUSINESS: _____
(eg owner, farm manager etc)

DATE: _____

Completed forms should be returned to:-

Beef Quality Initiative Administration Unit
Greenmount College
22 Greenmount Road
ANTRIM
BT41 4PU