**Avian Influenza – Participant Declaration Form**

Event: …………………………………………..………………………………………………..……………..……

Title: ….………... Name: ……………………………………………… Surname: …………………………………...……

Address: …………………………..…………………………………………………………………………………………………..

……………………………………………..……………………………………………………………………………………………….

Postcode: ………………………….……………. **CPH number (Mandatory)**: ………………….…………..……….

Address of birds (if different from the above): …………………………………………………..………………..

…………………………………………………………………………………………………………………………..………………..

Postcode: ………………………….……………. **CPH number (Mandatory)**: ………………….…………..……….

Phone: ………………………………….……..…………… Mobile: …………………………………..…..………………….

Email: ……………………………………………………………..…………………………………………..………………………..

**Number of entries:**

Chickens: ….……......… Ducks: …….…….… Geese: ….……….… Turkeys: ….....….….. Eggs: ….....…….

Other (please specify): …….……………………………….………………………..… Number: ………………….…..

**In signing below, I declare that:**

* I have read and will comply with the biosecurity information provided.
* The birds entered have not been in contact with any notifiable avian disease agents and do not show any signs of Avian Influenza or other poultry disease.
* The place of origin of the birds entered (above) is not from an area of the UK under restrictions of notifiable avian disease (including *Protection* and *Surveillance* *Zones*) imposed by Ministers.
* I accept full responsibility for my own birds during the poultry gathering.

Signed: ……………………………………………………………………….. Date: ……………………………….…………….

**The collection of this information is covered under legal obligation to prevent notifiable avian disease within the UK and it will be stored and used for this single purpose for a minimum of three months.**