



Competent Authority - Training of Inspections in Europe
 funded by the EC, CFT No. EAHC/2011/Health/13

General Application / Pre-registration Form

Training sessions for inspectors in the field of blood and blood components

Please use the pre-registration site (www.catie-europe.eu) /or Fax to **+49-69-6782-254**

Please type or print clearly

Surname / First name:

Title:

Function (current):

Working address :.....

Name of institution:

Please indicate the status of your institution

- Competent authority
- Governmental
- Other (please describe)

.....

Member State:

City:

Postal Code:

Street.....

Phone

Fax

e-mail:

Language skills in English (please use the **Europass self-assessment form**):

<http://europass.cedefop.europa.eu/en/documents/language-passport/templates-instructions>

- English – Mother tongue
- English - Level C2 (European self-assessment)
- English – Other level



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Further information* on professional qualification and experience

Profession:

Highest diploma or certificate:

Date of qualification as an inspector

by your competent authority:

by another authority (specify).....

Years of experience*:

in the area of blood and blood components

Using the inspection of blood establishments in compliance with EU blood legislation, which level of experience would you assign to yourself

- None (New staff member, just hired)
- Basic (Having started recently, limited experience)
- Advanced
- Superior

Which criteria and standards do you use for the inspection of blood establishments?

- National criteria and standards
- EU Blood legislation
(Directive 2002/98/EC, 2004/33/EC, 2005/61/EC, 2005/62/EC)
- EU Medicinal Products Directive (Directive 2001/83/EC)
- GMP
- Have never inspected a blood establishment

* This information is required for the selection of trainees by DG Sanco



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Number of inspections at the national level:

Scopes / topics* of inspections related to blood establishments:
 (e.g. donor eligibility, blood collection, blood testing, blood processing, blood storage and distribution, other)

Scope 1:

Scope 2

Scope 3

Other fields of inspection (national level), Please describe:
 (e.g. Pharmaceutical, Medicinal products, other)

.....

International experience (Please describe):

.....

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Signature:

Date: