

# Food Safety Skills Fund

# Food Safety Skills Fund Application Form - 2025

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# Important Guideline Summary – please read carefully

- This programme is only available for members of the Safefood Knowledge Network employed by organisations on the island of Ireland.
- Safefood strongly promotes cross border & cross-sectoral exchanges and visits.
- Applicants must be resident & employed by organisations on the island of Ireland.
- Safefood sponsored/funded programmes are excluded from the Food Safety Skills Fund.
- Safefood will fund a limited number of bursaries in each calendar year, each up to a maximum of €1200 or sterling equivalent (subject to reasonable vouched costs travel & subsistence rates in line with the prevailing civil service subsistence rates. Please refer to “Costs” on page 6 for further details).
- A “cap” of 4 funded bursaries per organisation per calendar year is in place, it is therefore strongly recommended that enquiries are made by email to [fssf@safefood.net](mailto:fssf@safefood.net) prior to completing an application to avoid disappointment.
- Applications for travel outside of a programme year may only be submitted from the beginning of the relevant programme year. Selection of successful applications shall be on a first-come first-served basis or until such time as the programme fund is used. All travel/visits need to be completed by the end of December of the applicable programme year.
- Safefood will not be responsible for the loss of monies relating to missed/curtailed/cancelled travel or event attendance costs – Safefood strongly recommends the participant obtain travel insurance (at their expense) that would provide cover for such circumstances.

Applications should be sent to:

Ms. Tracey Thompson  
Knowledge Network Food Safety Skills Fund  
Safefood  
7 Eastgate Avenue  
Eastgate Business Park  
Little Island  
Co. Cork  
Republic of Ireland  
T45 RX01

**For further information, please contact: Ms. Tracey Thompson at +353 21 230 4100 or Email: [fssf@safefood.net](mailto:fssf@safefood.net)**

## General Information

Before completing this form, please read the relevant sections in the **Programme Guidelines** document which contain important information on programme details, funding and other relevant information.

- This form should be typed and electronically submitted to Safefood.
- In accordance with standard practice, the information provided in your application form will be used for the purposes of evaluating the programme. The relevant data protection regulations will be respected. To view the Safefood GDPR policy please click the [link here](#).
- Receipt of all applications will be acknowledged by email.

## Compulsory requirements and eligibility checklist *(please use check boxes before submitting application):*

- You are a member of a Safefood Knowledge Network.
- The application will be submitted according to the application procedures set out in the *Programme Guidelines for Participants*.
- The application form has been completed in full.
- The application form bears the signatures of the applicant & his/her Line Manager i.e., the person authorised to sign on behalf of the applicant's organisation.
- The application form bears the original signatures of the applicant's Line Manager i.e., the person authorised to sign on behalf of the applicant's organisation. The line manager is also to be included on the email (cc'd) when returning the completed form to Safefood.

## Application Form

### SECTION A: Personal Details

For further information on filling out this form please consult Section 6 of the Guidelines for Participants.

#### 1. Applicant Details

Full Name:	
Title (Mr/Ms/Mrs/Dr/Prof):	
Official Position:	
Work Email:	

#### 2. Work Contact Details (Please note all correspondence relating to your application will be sent to this address)

Name of Organisation:	
Address:	
Telephone (include area and country code):	
Fax (include area and country code):	

#### 3. Please indicate by (x) what area you work in that would be linked to your application (NB: You must be a member of the Knowledge Network to apply for the FSSF programme)

Feed/Food Production and Processing		Retail and Catering	
Academic/Research		Public Health (e.g. Medical/Surveillance/Regulatory Agencies)	
Environmental Health		Veterinary Health	
Laboratory Services		Sales and Marketing	
Consultancy and Training		Student	
Other (if other please outline below **)			

<b>**Other</b>
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#### 4. Line Manager (i.e., the person authorised to sign on behalf of the applicant's organisation. In the absence of your line manager, then the signature of the next person on your company Organisational Chart would be acceptable)

Name:	
Title (Mr/Ms/Mrs/Dr/Prof):	
Official Position:	

**5. Applicant Experience**

Have you previously participated in a **safefood** Food Safety Skills Fund? (Please circle)

**Yes                  No**

Please provide a **brief** overview of your qualifications, professional background and current responsibilities that demonstrate your suitability under this programme:

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**6. Details of Event & Host Organisation**

Name of Event:	
Event venue & address (please provide URL where possible):	
Name of Organisation:	
Address:	
Telephone (include area and country code):	
Fax (include area and country code):	
Host Organisation Email:	
Contact Person Title (Mr/Ms/Mrs/Dr/Prof):	
Official Position:	

**7. Dates and times of visit. Estimate of travel, accommodation, subsistence, and course/conference costs (where applicable)**

<b>Start Date:</b>	<b>Finish Date:</b>
Mode of transport (please circle): <b>NB:</b> <i>Public transport should be 1<sup>st</sup> possible option</i>	Rail/Bus                  Air                  Car/Taxi transfer
Estimated Travel Cost:	€/£
Estimated Cost of Accommodation	€/£
Estimated Subsistence Cost:	€/£
Course Cost (If applicable; include VAT):	€/£
<b>Total € EURO / £ STERLING:</b>	<b>€/£</b>

## SECTION B: Purpose of the Visit

It is important that the funds are used cost effectively. Please outline how your visit may help your professional development, your organisation as a whole, and the Knowledge Network of which you are a member.

1. What is the objective of the visit?

2. How will your visit address current gaps in food safety knowledge and what added value will it bring?

3. Briefly list the activities that will take place during this visit. Please include aspects of methodology, education & training, professional networking and future development (as appropriate and where relevant).

4. Do you undertake to share any learning & knowledge gained with other staff, both within your own organisation and within the Knowledge Network? *(Please circle)*

Yes

No

If yes, please indicate how:

- Presentation
- Report
- Train other staff
- Upload learning's to <http://safefood.ning.com>
- Other (Please specify)

5. All successful applicants will be required to provide an End of Visit report (to include 600 word (max) article for the Network e-newsletter) to Safefood within 4 weeks of completing the visit. Do you agree to provide this report? *(Please circle)*

Yes No

6. Do you agree that information contained in your report may be used by Safefood for the purposes of evaluating the programmes and/or in publication of programme outcomes? *(Please circle)*

Yes No

7. Do you undertake to take photographs of a quality suitable for publication during your visit? *(Please circle)*

Yes No

8. Do you acknowledge that you have read all the General Conditions of your visit as detailed in the Guidelines for Participants and accept all provisions? *(Please circle)*

Yes No

9. Do you undertake to maintain a record of all expenditure including retention of all original receipts arising from participation in the Safefood Food Safety Skills Fund? *(Please circle)*

Yes No

## SECTION C: Declaration

Safefood requires that a Declaration be signed and stamped by the applicant and the Line Manager. Please note that the signatures and the stamp must be original on the application form.

Applicant's name (capital letters):	
Applicant's signature:	
Date:	
Name of Line Manager (capital letters)	
Signature of Line Manager:	
Date:	

**\*\* NB: Please read page 3 for Important Guideline Summary and refer to Programme Guidelines document for full conditions of application. \*\***