



## Centre for Biosecurity and Biopreparedness

Statens Serum Institut  
Artillerivej 5  
2300 Copenhagen S

Please read the "Instructions for completing the registration form for the course for future biosecurity officers", before completing the registration form and please send the completed form to CBB by post or e-mail.

### 1. Contact information

#### a. The company's contact information

Name of the company	
Road	
Postal code and City	
Telephone number	
CVR number:	

#### b. The sites (department/production site) contact information

Name of the site	
Road	
Postal code and City	
Telephone number	
P number:	

### 2. Information on the designated biosecurity officer to be enrolled on the course

Name	
Work telephone number	
E-mail address	
Education degree	
Job description	
Employment conditions	

#### Obtaining criminal record (please tick)

- The designated biosecurity officer is aware that attendance on the course requires signing a consent form for the requisition of a 10-year criminal record, in accordance with Article 22 of the Order on personal data in the Central Criminal Register.

The company's own notes:

The company's own notes:

Preferred course dates (Enter at least 2 possible dates in order of priority). Course dates are updated regularly on biosikring.dk	
1.	
2.	
3.	

3. Information on any additional biosecurity officers

Name	
Work telephone number	
E-mail address	
Education degree	
Job description	
Employment conditions	

Obtaining criminal record (please tick)	
<input type="checkbox"/>	The designated biosecurity officer is aware that attendance on the course requires signing a consent form for the requisition of a 10-year criminal record, in accordance with Article 22 of the Order on personal data in the Central Criminal Register.

Preferred course dates (Enter at least 2 possible dates in order of priority). Course dates are updated regularly on biosikring.dk	
1.	
2.	
3.	

4. Details about the responsible manager

Name	
Position designation	

Contact address

Work telephone number	
E-mail address	
Road	
Postal code and City	

5. Signature

The responsible manager

Date and signature	
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