



BRITISH DEER FARMS AND PARKS ASSOCIATION

DEER PARK ASSURANCE SCHEME

Application Form

LEVEL 1



Acoura Certification
6 Redheughs Rigg
Edinburgh
EH12 9DQ
Tel: 0131 335 6621

Email: processors@acoura.com

www.Acoura.com

The undersigned wishes to apply for registration for the BDFPA Deer Park Assurance Scheme operated on behalf of BDFPA by Acoura Certification. **Please note the application must be completed IN FULL including the declaration.**

BUSINESS DETAILS

Business Name:		
Contact Name:		
Address:		
Postcode		
Tel:	Fax:	Mobile:
Email:		
CPH No:		

CORRESPONDENCE DETAILS (if different from the above)

Contact Name:		
Address:		
Postcode		
Tel:	Fax:	Mobile:
Email:		

It is a condition of the Scheme that all applicants must sign the following declaration that they are aware of and will abide by the terms of the Scheme.

DECLARATION

I (the undersigned) have read the requirements which pertain to the Acoura Certification Scheme operated on behalf of BDFPA for Deer Parks. I am fully responsible for the production policy at the unit(s)/site(s) declared and I hereby wish to apply to join the BDFPA Level 1 Deer Park Assurance Scheme.

If accepted, I agree to abide by the conditions of membership as detailed in the Acoura Certification Scheme Regulations and BDFPA Level 1 Deer Park Assurance Scheme Standards.

I declare that **I KNOW / DO NOT KNOW (please delete as appropriate and give details if relevant below)** of any current, past (within the last 5 years) or pending prosecutions relating to my business activities at the time of applying for membership of the scheme. Failure to provide any relevant information may result in refusal or termination of membership.

Details of any prosecutions within the last 5 years must be given below:
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I agree to abide by the terms of the scheme, undertake to inform Acoura Certification immediately if, for whatever reason, the requirements of the scheme can no longer be conformed to.

I will notify Acoura Certification of any major changes to the company's business or changes to products prior to these being put on the market.

I agree that the unit(s)/sites(s) should be open to assessors appointed to the scheme.

I declare that the information given on this form is correct at the time of application.

SignaturePrint NameDate

Please complete the additional information below in full:	Please complete all sections.
Std 9.2 - Site Local Authority Registration Number as a Food Business Operator. (Application cannot be processed without one)	
Name of individual responsible for health and welfare of all deer.	
Std 3.2 - No of deer in Park	
Species (inc. nos of each species)	
Number deer culled in last 12 months	
Do you sell direct to a game dealer?	
Do you process and/or retail your own venison?	
Does Acoura Certification or any other company within the Acoura (www.acoura.com) or Lloyd's Register (www.lr.com) Groups currently provide you with services or certification? If yes, please provide details:	
Are you a current member of any other scheme operated by Acoura?	

Membership Payment

Audit Type	Fee	VAT	Total Fee	Selection (Please tick)
BDFPA Level 1 Park Venison Assurance Fee	£150.00	£30.00	£180.00	

Please make cheques payable to BDFPA and send together with this form to:

The British Deer Farms and Parks Association, PO Box 7522, Matlock, DE4 9BR

BDFPA Point of Contact

Contact: [Claire Parkinson](#)

Tel: 08456 344 758

Fax: 08456 344 759

Email: info@bdfpa.org



**BRITISH DEER FARMS AND PARKS ASSOCIATION
DEER PARK ASSURANCE SCHEME
SELF ASSESSMENT CHECKLIST**



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