Exemptions Requested:
Provide evidence to justify the exemption request from module training.

Module Number:
If you are seeking exemption from module training please enter risk in mandatory fields that do not apply:

- Data Passed:
- Understanding:
- Accounting Body:
- Certificate Number:
- Date:
- Species / Species Group:
Exemption sought

Provide evidence to justify the exemption request from module training.

Module Required:
If you are seeking exemption from module training please enter the exemption needs that do not apply.

Date Passed:

Exemption sought

Provide evidence to justify the exemption request from module training.

Module Required:
If you are seeking exemption from module training please enter the exemption needs that do not apply.

Date Passed:

Exemption sought

Provide evidence to justify the exemption request from module training.

Module Required:
If you are seeking exemption from module training please enter the exemption needs that do not apply.

Date Passed:
T. Please state which types of procedures you wish to undertake on your license

☐ Microwave ablation of fibroblast cells for treatment of cardiac arrhythmias

☐ Radiofrequency ablation of fibroblast cells for treatment of cardiac arrhythmias

☐ Other invasive procedures involving local, regional or central anaesthesia

☐ Surgical procedures involving local, regional or central anaesthesia

☐ Use of non-invasive imaging agents

☐ Use of invasive imaging agents

☐ Education and training procedures conducted in accordance with Project Licence

☐ Other

☐ DECLARATIONS

☐ I understand the terms and conditions under which I may hold a licence under the Animals (Scientific Procedures) Act 1986, and I have read all relevant Home Office Guidance on the operation of the legislation.

☐ I also confirm that I have successfully completed the training modules I have evaluated in section 4(d) of this application.

☐ I understand that I may be guilty of an offence if I fail to obtain consent under this Act, if I fail to record or report required information which is false or misleading in a material particular or misleading in a material particular.

☐ I understand that if the establishment licensed on the licence ceases to be my sole or primary place of work then the holder of the establishment licence may on my behalf request the Home Office to revoke this licence.

Name, Training and Competence Officer Declarations

☐ These declarations are only applicable where appropriate in particular for Category B and C applications or training exemption requests, declarations (d) and (f) do not apply.

☐ I confirm that the applicant has the necessary modules training and/or relevant current personal licence authority that permits the conduct of regulated procedures and use of animals described in section 4(b) of this form.

☐ I have been the original certificate as required in section 4(a) of the application for a personal licence and a copy of those details in the applicant’s personal licence and/or training licence and validity of those licences or training licences is maintained in the establishment and are provided to the licence officer upon request.

☐ I confirm that I have knowledge of the education, training, experience and character of the applicant.

☐ The applicant has a contract of employment with the licence holder and the licence holder is a person who is involved in the care and maintenance of the animals.

☐ I understand that I may be guilty of an offence if I fail to obtain consent under the Animals (Scientific Procedures) Act 1986, which has been explained to me.

☐ I understand that I may be guilty of an offence if I fail to provide information which is true or misleading in a material particular or misleading in a material particular.