###### APPLICATION FORM FOR NOMINATED ASSESSORS COURSE

Please submit this form as an email attachment to **ubstraining@admin.cam.ac.uk****.** A confirmatory email will be sent when a place on the course has been reserved.

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| **Your application will not be processed without submission of a full copy of a purchase order unless you are UBS staff.** |

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| **Name as you would like it to appear on your certificate** |
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| **Full work address for correspondence.** Please provide full address to ensure safe arrival of completion certificate. |
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| **Email address (and raven ID if applicable).** This will provide access to online resources. |
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| **Telephone number** |
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| **Preferred course date.** Please see the website for details. |
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| Please indicate if you have any disabilities, impairments, health conditions or learning differences, letting us know of any adjustments or considerations you may require. This is only used for inclusivity.  |
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| **Please give a brief description of your experience including any species you have worked with and current species** |
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| **Do you have any experience with DOPs assessments within your facility, please include if you are aware of other assessors within your establishment** |
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**I agree for this individual to complete the Nominated Assessors Course and that funding has been confirmed.**

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| **Line Manager name** | **Line Manager signature** |
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**Cancellation fees**

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| Cancellation fee if cancelled within 2 weeks prior to the application deadline |  25% of course fee  |
| Cancellation fee if cancelled within 1 week prior to the application deadline |  50% of course fee |
| Cancellation fee if cancelled after the application deadline |  Full course fee  |