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

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

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

|  |
| --- |
| **Name as you would like it to appear on your certificate** |
|  |

|  |
| --- |
| **Full work address for correspondence.** Please provide full address to ensure safe arrival of completion certificate. |
|  |

|  |
| --- |
| **Email address (and raven ID if applicable).** This will provide access to online resources. |
|  |

|  |
| --- |
| **Telephone number** |
|  |

|  |
| --- |
| **Preferred course date.** Please see the website for details. |
|  |

|  |
| --- |
| 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. |
|  |

|  |
| --- |
| **Please give a brief description of your experience including any species you have worked with and current species** |
|  |

|  |
| --- |
| **Do you have any experience with DOPs assessments within your facility, please include if you are aware of other assessors within your establishment** |
|  |

**I agree for this individual to complete the Nominated Assessors Course and that funding has been confirmed.**

|  |  |
| --- | --- |
| **Line Manager name** | **Line Manager signature** |
|  |  |

**Cancellation fees**

|  |  |
| --- | --- |
| 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 |