**To register for training, please complete all fields and forward to Leanna Grenwich (****grenwich@ualberta.ca****). One course request per form (please submit another form for additional requests). Note: Part 1 Training (on-line course) is a pre-requisite for all Part 2 Training.**

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| **ANIMAL USER DETAILS** |
| **COURSE REQUESTED:**  | **Choose an item.**(A set of notes for the course will be provided.) |
| **NAME:** Select Title      *Enter your name as it should appear on your certificate.*  | **CCID:**       |
| **FACULTY & DEPARTMENT** |       |
| **PRINCIPAL INVESTIGATOR** *Supervisor of project* |       |
| **CAMPUS MAILING ADDRESS***To distribute course material and information* |       |
| **CAMPUS PHONE** |       |
| **CAMPUS FAX** |       |
| **EMAIL** *Preferably campus* |       |
| **Completion of PART 1 (on-line course)***Date* |       |

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| **Important Bio-security Requirements with respect to travel:****NO entry to individuals who have been outside Canada (INCLUDING USA) in the past 5 days.****NO entry to individuals who have been on a farm or had contact with livestock outside of Canada** **(INCLUDING USA) in the past 7 days.****NO entry to individuals who have been to a country “NOT recognized as free from Foot and Mouth Disease”** **by the CFIA in the past 14 days.****THERE ARE ADDITIONAL BIOSECURITY REQUIREMENTS FOR ENTRY INTO THE ANIMAL UNITS. PLEASE ASK UNIT MANAGERS FOR BIOSECURITY POLICIES AND QUESTIONNAIRES.** |

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| **USER HEALTH QUESTIONNAIRE** |
| To ensure your health and safety during the lab, please answer the following questions. | **YES** | **NO** |
| 1. Have you worked with this species before? | [ ]  | [ ]  |
| 2. Have you developed a fear of this species? **If yes**, please rate your fear on a scale of 1 – 10 (10 being the worst). *Choose an item.* | [ ]  | [ ]  |
| 3. Do you have allergies to this species?**If yes**, please rate: [ ]  *Mild* [ ]  *Moderate* [ ]  *Severe***Provide details:**       | [ ]  | [ ]  |
| 4. Do you require personal protective equipment or medication for any allergies?**If yes**, please elaborate:  | [ ]  | [ ]  |
| 5. Do you need an interpreter or other support? ***If yes, please make your own personal arrangements for an interpreter to accompany you during the lab.*** | [ ]  | [ ]  |
| **Emergency Contact Name:**       | **Phone Number:**        |
| *I have answered the questions to the best of my ability and knowledge.* |
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| **Signature of Applicant** |  | **Date** |