**To register for training, please complete all fields and forward to Leanna Grenwich (**[**grenwich@ualberta.ca**](mailto: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.* | | | | | |
|  |  |  | | | |
| **Signature of Applicant** |  | **Date** | | | |