



Bringing runaways back home safely



Unit 41 Golds Nurseries Business Park, Jenkins Drive, Elsenham, Essex, CM22 6JX

Tel: 01279 507363

Terms and Conditions of Training

Please read below and sign at the bottom of this sheet to confirm you have read and fully understand the terms and conditions of our training. If anything is unclear please contact us on the number above BEFORE your training date.

- ☐ I must have available photographic proof of I.D to show my trainer before the training can commence and also send a copy in to the head office. Failure to provide this within 3 months of my training date will invalidate my training.
- ☐ I will provide a quiet area suitable for theory and practical training, large enough for reasonable **social distancing** during theory (this can be 2 different areas if more suitable) and that **during the training it should only be myself and the trainer present.**
- ☐ I understand I need to be available for 2 -3 hours to complete the training.
- ☐ I understand that it is a requirement of training that I have passed the online theory test, ideally prior to the practical training date but also understand my training will not be valid until I have completed it. Failure to complete this within 3 months of my training date will invalidate my training.
- ☐ I understand that internet access is required to complete the training.
- ☐ I will make sure I have a minimum of 3 unchipped animals available for the training. I understand that if I don't have 3 unchipped animals available I will be unable to complete my practical assessment and may incur further charges for the trainer to return at a later date for training completion.
- ☐ I understand that following my training I will be signed off as competent to microchip the species according to my training and that these species will be the ones listed on my certificate.
- ☐ I understand that due to the training requiring the use of sharps and live animals there is a safety risk involved and I accept full responsibility for my own safety under the guidance of my trainer.
- ☐ I will give PeddyMark prior warning if there is any condition from which I suffer which may affect the normal process of training so they are aware of any extra considerations I may need to be given. e.g. dyslexia, hearing, restrictions with lifting etc
- ☐ I confirm that I am not showing any symptoms related to COVID-19 and confirm to the best of my knowledge that neither I or any member of my household have come into contact with anyone in the last 14 days who is now showing symptoms. Neither I nor any other household members are self-isolating.
- ☐ **I confirm I will notify PeddyMark immediately if I start to show COVID-19 symptoms up to 14 days after my training.**
Does anyone in your household have a frontline or key worker role potentially carrying a higher risk? _____

I fully understand and agree to all of the above and understand if I do not comply the trainer is within their rights to cease training and leave on the grounds of Health and Safety.

PRINT FULL NAME (CANDIDATE)

SIGNATURE

DATE