



Commence Training Form

This form is part of an application process & must be returned, by e-mail fully completed within 24 hours of the application. We will review the contents and contact you by e-mail.

Question	Yes	No
1. Do you or had you any symptoms of Covid, or a cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3. Are you, a family member, or a close contact or yours, waiting for a Covid-19 test, or the results of a Covid-19 test?		
4. Are you or were you a close contact of a person who is or was a confirmed or suspected case of COVID-19 in the past 14 days?		
5. Have you been advised by a medical Doctor, the H.S.E. or anybody else to self-isolate at this time?		
6. Have you been advised by a Doctor or Medical consultant to cocoon or self-isolate at this time?		
<p>If you develop any of the above symptoms before attending the course or have reason to suspect you have had close contact with a COVID-19 infected person, then you are to stay at home, inform us and call your Doctor. Please provide details below of any circumstances relating to COVID-19 not included in the above, which we may need to be consider in the application to allow you participate in our one-day Safe Pass course.</p>		
<p>Additional Information</p> 		

I will comply with all the Covid Infection control rules when on the premises. I understand the course is a full day course. I agree that if I am not in the correct training room by 7.30am, & do not arrive with 2 passport type photos, & approved face mask/covering, & 2 forms of valid ID, & proof of Irish PPS number that I will not be allowed attend the course & there will not be a refund of course fees.

I confirm that I have read, fully understand, and accept all of the terms & conditions on this document.

Signature of course applicant: _____ Course date applied for _____

Course applicant name is _____ Date of signature _____

My contact mobile phone number is _____

Signature of person who paid for the course if different from course applicant _____

Full name of person who paid for the course if different from course applicant _____