



Commence Training Form

This form is part of an application process to attend a Safe Pass Course. This must be signed and returned fully completed by e-mail. We will review the contents and reply by e-mail with course offers.

Question		Yes	No
1.	Do you have 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 a confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Are you, a family member, or a close contact of 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/Consultant, the H.S.E or anyone else to cocoon or self-isolate at this time?		

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.

Additional Information

I understand the course is a full day course, and that I will not be allowed entry to the course if I arrive after 7.50am or if I do not bring the following items with me –

- 2 good quality passport type photos, (recently taken)
- Valid Government issued Photo ID,
- Proof of my Irish PPS number.

I/we understand there will not be a refund of course fees if, on the allocated day, I am not allowed entry to the course. **I will prior to booking a course, read the Terms & Conditions of the course booking, and will not book a course unless I accept all of the Terms & Conditions of the course booking.**

Signature of course applicant: _____ Course date you wish to attend _____

Print course applicant name: _____ 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 _____