



INFORMED TREE SERVICES  
TRAINING APPLICATION FORM

Course Title: \_\_\_\_\_

Dates: \_\_\_\_\_

Candidate Details:

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Day Time Tel: \_\_\_\_\_

Do you require protective clothing? Yes/No\* if yes quote boot size ( )

Do you require a chainsaw? Yes/No\*

Method of Payment:

*Invoice employer (purchase order required) Yes/No\**

*£\_\_\_\_\_ 50% deposit attached with booking form Yes/No\**

*(NB: Balance is required before or on first day of course)*

*\*Delete as appropriate*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## INFORMED TREE SERVICES COURSE DISCLAIMER

Course Title: \_\_\_\_\_

Dates: \_\_\_\_\_

Candidate Details:

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Employer's Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Day Time Tel: \_\_\_\_\_

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Are you currently taking any medication that may inhibit your performance at work?   | Yes                      | No                       |
|    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Do you suffer from any permanent or temporary illness that may inhibit your performance on the course?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do you have normal vision in both eyes (corrected vision by the use of glasses or contact lenses is acceptable)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | I hold the appropriate pre-requisite units (no pre-requisites for ITAs, "Basic Chainsaw" or "Climb trees and perform aerial rescue") | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Do you know of any reason why you shouldn't  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | a) Use a chainsaw/other power tool   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | b) Work at height/be suspended at height   | <input type="checkbox"/> | <input type="checkbox"/> |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

