



INFORMED
TREE SERVICES

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:** _____

Please return completed forms to:
INFORMED TREE SERVICES, 67 BUCHAN STREET, HAMILTON. ML3 8JY



**INFORMED
TREE SERVICES**

INFORMED TREE SERVICES COURSE DISCLAIMER

Course Title: _____

Dates: _____

Candidate Details:

Surname: _____

First Name(s): _____

Employer's Name &Address:

Post Code: _____ **Day Time Tel:** _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you currently taking any medication that may inhibit your performance at work? | <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 | | |
| 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:** _____