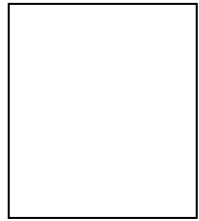




APPLICATION FOR DOG TRAINER ACCREDITATION FORM

The completed form is to be submitted to the Animal and Veterinary Service,
 52 Jurong Gateway Road, #09-01, Singapore 608550
 Tel 1800 476 1600 | EMAIL: animal_feedback@nparks.gov.sg



(This form takes approx. 20mins to complete)

(Passport Size Photo)

PART I: PERSONAL PARTICULARS

Surname/Family Name:		Given Name:	
Nationality:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC/FIN No:		Date of Birth: ___/___/___ (dd/mm/yyyy)	
Address: (Mailing)			Postal Code: _____
Email:			
Telephone No:	Home:	Hand phone:	Office:
Highest Educational Level:			Year Graduated: _____

PART II: CORPORATE ORGANISATION/ASSOCIATION

Name of Corporate Organisation/ Association:			
Address:			Postal Code: _____
Email:			
Telephone No:	Office:	Fax:	
Designation/Position			

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PART III: DOG TRAINING EXPERIENCE (in the last 2 years)

* Related to dog training only

Company/Organisation	Job Description	From (DD/MM/YY)	To (DD/MM/YY)

PART IV: PROFESSIONAL QUALIFICATIONS IN DOG OBEDIENCE TRAINING

*Please attach a photocopy of the certificate

Name of Course	Type of learning (Practical/ online)	Description of course (e.g. advanced obedience training, judging skills in dog obedience trials)	Training Institute	No. of learning hours

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PART V: RELEVANT EXPERIENCE WITH DOGS (in the last 2 years)

This section is compulsory for completion.

1) Number of dogs trained in the last two (2) years: _____

2) Types of dogs trained previously:

Type of dogs trained	1-5	6-10	11-15	16-20	>20	N.A.
Scheduled dogs with aggression issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled dogs without aggression issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-scheduled medium to large dogs with aggression issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-scheduled medium to large dogs without aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-scheduled small dogs with aggression issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-scheduled small dogs without aggression issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Please describe the type of training classes you have conducted (e.g. Obedience , behavioural modification)

4) If you indicated that you have trained dogs with aggression issues in Question 2, please provide description of work done with dog. Please provide reference(s) from clients whose dogs with aggression issues have been trained by you, in 'Part VI: References'.

5) Relevant experience: obedience / behavior training related to aggression / agility.

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PART VI: REFERENCES

It is compulsory to complete this section.

Please provide details of 10 verifiable references from clients whose dogs have been trained by you in the last (2) years; 4 of which have to include the training of Scheduled dogs and/or medium-to-large dogs with aggressive behavioural issues. Please be informed that the accreditation panel can contact them for further details.

S/N	Full name	Contact No. (M / H / O)	Type of course	Breed of dog trained	Date of completion
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Statement of Declaration

I, the above applicant, declare that

- 1) All the information given is correct and true to the best of my knowledge.
- 2) I have read and agree to the terms and conditions given by the panel.

Name :

Signature :

Date :

- FOR OFFICIAL USE -

Approved

Reference No :

Not Approved

Name of Officer :

Signature/Date :

Designation :