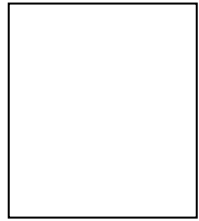




APPLICATION FOR DOG TRAINER ACCREDITATION FORM

The completed form is to be submitted to the Director-General, Agri-Food & Veterinary Authority, 52 Jurong Gateway Road, #09-01, Singapore 608550
 Tel 1800 476 1600 | EMAIL: ava_arc@ava.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: EMPLOYMENT HISTORY (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 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 |
|-----------------------|---|---|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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PART V: RELEVANT EXPRIENCE 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 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Scheduled dogs with aggression issues | <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"/> |
| Non-scheduled medium to large dogs with aggression issues | <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"/> |
| Non-scheduled small dogs with aggression issues | <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"/> |

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

4) Have you trained any aggressive dogs before? Yes No

If yes, please provide description of work done with dog:

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 5 verifiable references from clients whose dogs have been trained by you in the last (2) years; 2 of which have to include the training of Scheduled dogs and/or medium-to-large dogs with aggressive behavioural issues. Kindly 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 | | | | | |

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 :