**Please read these instructions before completing this form.**

* This form is to be used for attesting to the competence of a person to perform a procedure or procedures that will form part of an AEC- approved project at La Trobe University.
* It is a requirement of the Australian Code for the Care and Use of Animals for Scientific Purposes, 8th edition, 2013 that persons performing procedures on animals must be certified as competent in those procedures before being permitted to perform the procedures unsupervised. Following approval by the Animal Ethics Committee of this completed form, the person named therein will be recorded in La Trobe Animal Research & Teaching Facility's Training and Competency Register as competent in the named procedure(s) as at the date of submission of this form.

|  |
| --- |
| 1. **Person Whose Competency is Being Confirmed**
 |
| **Full Name** |       |
| **School/Institute** |       |
| **Position** |       |

|  |
| --- |
| **2. Person Attesting to Competency** |
| **Full Name** |       | **Phone** |       |
| **School/Institute** |       | **Email** |       |
| **Position** |       |

|  |
| --- |
| **3. Declaration** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is recognised by the institution named in Section 2 above as having current competency in the following procedures:

Note: additional rows should be added for each procedure

|  |  |
| --- | --- |
| **Procedure** | **Species** |
|  |  |

|  |
| --- |
| **Date:**       |
| **How to submit this form** |
| The completed report must be submitted to animalethics@latrobe.edu.au from the Principal Investigator’s La Trobe University email account. |