



COVID-19 Declaration

Prior to any training commencing this form must be completed. To minimise waiting time on the day, could you please complete and email back to ADI or bring with you on the day of the training.

Name	
Email Address	
Mobile number(s)	
Training Date 1:	
Training Date 2:	

I declare that my training is for the following purposes (tick what applies to your situation):

- ☐ Non-essential / leisure only or
- ☐ I have an urgent circumstance requiring training
- ☐ My job requires me to undergo training, is considered essential, and I cannot work with out the training, or
- ☐ If 'other', please specify

.....

.....

I acknowledge that:

- ☐ I have not returned from overseas in the last 3 weeks, and
- ☐ to the best of my knowledge, I have not had contact with a confirmed case of coronavirus in the past 3 weeks, and
- ☐ I do not have any symptoms consistent with Coronavirus: fever/fatigue/dry cough

Previous location details (for contact tracing reasons):

Previous State (name/postcode):

Number of days in isolation:

Future address details, if relocating – if other than address supplied

Next planned destination (name/postcode):

Is there anything else we should know?

I hereby declare that the above information provided is true and correct.

Date

Signature