

Certificate in Phlebotomy

(23 – 25 September /02/09/16 October 2021)

Undertaking to supervise participant for the course, Certificate in Phlebotomy (50 Independent Phlebotomies)

(All fields on this form are to be duly completed by the participant, his/her certified supervisor and an authorized company representative.)

1. This is an undertaking by _____
(name of organization/company) to supervise and verify the 50 independent phlebotomies for the participant pursuing the course, Certificate in Phlebotomy, with Temasek Polytechnic.
_____ (name of participant)
_____ (NRIC/FIN no.) for the minimum duration of 4 weeks starting 25 September 2021 or until the completion of 50 independent phlebotomies not later than 30 November 2021.

2. To provide details of the supervisor for the participant.

Name of the supervisor: Dr / Mr / Ms / Miss / Mdm

Phlebotomy / Medical qualifications: _____

Designation: _____

No. of years of phlebotomy experience: _____

License/Registered No: _____

Signature/Date: _____

3. Each participant shall complete the form in Appendix 1 (issued to participants on 1st day of the course) duly signed by the supervisor/TP trainer for the verification of the completed 50 independent phlebotomies. The completed form is to be handed in to Temasek Polytechnic for verification purpose during the practical assessment.

4. For avoidance of doubt, _____
(name of organization/company) shall bear the cost of consumables used during the participant's 50 independent phlebotomies including but not limited to other materials required and protective attire.
5. _____ (name of organization/company)
will allow a qualified phlebotomist/trainer appointed by Temasek Polytechnic to the company premises to verify the final 2 (two) independent phlebotomies performed by each course participant.
6. Temasek Polytechnic will NOT be liable for all costs, damages, injunctions, suits, actions, fines, penalties, liabilities, losses, settlements, claims, demands and expenses of any kind (including, but not limited to, legal costs and reasonable legal fees) made by or on behalf of any party, person, or governmental entity which result or arise out of any of the acts or omission of the TP or its Course Participants, its employees, officers, directors and agents in connection with its obligations under this Agreement.

Declaration by an Authorized Company Representative

I, _____ (Full Name) on behalf
of _____ (Name of
company/organization) hereby agree to terms and conditions stated above.

Designation: _____

Signature/Date: _____

Company/Organization Stamp: _____