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| --- | --- | --- |
|  |  |  |
|  | **FIRST AID TRAINING REQUEST FORM** | logo -small use blk |  |
|  |  |  |  |
|  | Sections A and B must be completed in all circumstances Section C must be completed for all requests except fieldwork Section D must be completed if the request is for a first aider for fieldwork only |  |
|  |  |  |
|  | **SECTION A** | This section should be completed by the Manager of the work or work area or the Departmental Safety Officer for the building. |  |
|  |  |  |
|  | **Name**  | Click here to enter text. | **Status** | Choose an item. |  |  |
|  |  |  |
|  | **Department** | Click here to enter text. | **e-mail** | Click here to enter text. |  |  |
|  |  |  |
|  | **Department cost codes** Project.Task.Award (PTA)  | Click here to enter text. | If this request is approved and the applicant named in section B fails to attend training on the date agreed a charge will be made. |  |
|  |  |  |
|  | **Select one of following reasons for making this request** |  |
|  |  |  |
|  |  |  |
|  | 1. The number of first aiders for the building has dropped below the baseline assessment
 |[ ]   |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 1. The type of work, hazards or the nature of the workforce has changed
 |[ ]   |  |
|  |  |  |
|  | 2.1 Please describe the change in this box: |  |
|  |  |  |
|  |  | Click here to enter text. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 1. The first aider is for a specific activity or specialist area
 |[ ]   |  |
|  |  |  |
|  | 3.1 If the activity is fieldwork please describe the location and duration of the trip |  |
|  |  |  |
|  |  | Click here to enter text. |  |  |
|  |  |  |
|  | 3.2 If the area is secure or has restricted access please provide details |  |
|  |  |  |
|  |  | Click here to enter text. |  |  |
|  |  |  |
|  | 3.3 For other activities or specialist areas please provide details |  |
|  |  |  |
|  |  | Click here to enter text. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Use this box to provide any additional information in support of this request |  |
|  |  |  |
|  |  | Click here to enter text. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **SECTION B** | This section is to be completed with the details of the person proposed as a first aider. |  |
|  |  |  |
|  | **Name**  | Click here to enter text. | **Department** | Click here to enter text. |  |  |
|  |  |  |
|  | **Building**  | Click here to enter text. | **e-mail** | Click here to enter text. |  |  |
|  |  |  |
|  | **Address** | Click here to enter text. | **Floor no.** | Click here to enter text. |  |  |
|  |  |  |
|  |  |  |
|  | **SECTION C** | This section is to be completed to confirm the eligibility of the proposed first aider named in Section B (except if the first aider is for fieldwork only in which case complete Section D). The person named in Section B: |  |
|  |  |  |
|  | * is a full time member of staff
 |[ ]   |  |
|  |  |  |
|  | * is willing to attend the training course and to requalify to maintain the validity of their certificate every 3 years
 |[ ]   |  |
|  |  |  |  |  |
|  |  |  |
|  | * is able to cope with stressful and demanding emergency procedures
 |[ ]   |  |
|  |  |  |
|  | * is available to respond rapidly to an emergency in their building (or specific area if 3.2 or 3.3 completed)
 |[ ]   |  |
|  |  |  |  |  |
|  |  |  |
|  | * has a telephone number published in the UCL Directory
 |[ ]   |  |
|  |  |  |
|  |  |  |
|  | **SECTION D** | This section to be completed if the proposed first aider is for fieldwork only i.e. not normally available to provide first aid in their building. The person named in Section B is: |  |
|  |  |  |
|  | * willing to attend the training course and to requalify, to maintain the validity of their certificate, every 3 years
 |[ ]   |  |
|  |  |  |
|  | * able to cope with stressful and demanding emergency procedures
 |[ ]   |  |
|  |  |  |
|  |  |  |
|  | Safety Services use only |  |
|  |  |  |
|  | Name of Advisor | Click here to enter text. | Date | Click here to enter a date. |  |  |
|  |  |  |
|  |  | Click here to enter text. |  |  |
|  |  |  |
|  | Return the form to safety@ucl.ac.uk with ‘First Aid Training Request’ in the subject box |  |
|  |  |  |