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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. | | | | | | | | | | | | | |  |
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|  | **Name** | | | | Click here to enter text. | | | | | | | **Status** | | | Choose an item. | | | |  |  |
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|  | **Department** | | | | Click here to enter text. | | | | | | | **e-mail** | | | Click here to enter text. | | | |  |  |
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|  | **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. | | | | | |  |
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|  | **Select one of following reasons for making this request** | | | | | | | | | | | | | | | | | | |  |
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|  | 1. The number of first aiders for the building has dropped below the baseline assessment | | | | | | | | | | | | | | | | |  |  |  |
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|  | 1. The type of work, hazards or the nature of the workforce has changed | | | | | | | | | | | | | | | | |  |  |  |
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|  | 2.1 Please describe the change in this box: | | | | | | | | | | | | | | | | | | |  |
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|  |  | | Click here to enter text. | | | | | | | | | | | | | | | |  |  |
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|  | 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 | | | | | | | | | | | | | | | | | | |  |
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|  |  | | Click here to enter text. | | | | | | | | | | | | | | | |  |  |
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|  | 3.2 If the area is secure or has restricted access please provide details | | | | | | | | | | | | | | | | | | |  |
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|  |  | | Click here to enter text. | | | | | | | | | | | | | | | |  |  |
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|  | 3.3 For other activities or specialist areas please provide details | | | | | | | | | | | | | | | | | | |  |
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|  |  | | Click here to enter text. | | | | | | | | | | | | | | | |  |  |
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|  | Use this box to provide any additional information in support of this request | | | | | | | | | | | | | | | | | | |  |
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|  |  | | Click here to enter text. | | | | | | | | | | | | | | | |  |  |
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|  | **SECTION B** | | | | This section is to be completed with the details of the person proposed as a first aider. | | | | | | | | | | | | | | |  |
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|  | **Name** | | | Click here to enter text. | | | | | | **Department** | | | | Click here to enter text. | | | | |  |  |
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|  | **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. | |  |  |
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|  | **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: | | | | | | | | | | | | | | |  |
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|  | * 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 | | | | | | | | | | | | | | | | |  |  |  |
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|  | * 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) | | | | | | | | | | | | | | | | |  |  |  |
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|  | * has a telephone number published in the UCL Directory | | | | | | | | | | | | | | | | |  |  |  |
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|  | **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 | | | | | | | | | | | | | | | | |  |  |  |
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|  | Safety Services use only | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | Name of Advisor | | | | | | | Click here to enter text. | | | | | Date | | | Click here to enter a date. | | |  |  |
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|  | Return the form to [safety@ucl.ac.uk](mailto:safety@ucl.ac.uk) with ‘First Aid Training Request’ in the subject box | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |