

First Aider Extension Form

This form is to be used by current or recently lapsed First Aiders to extend their appointment as a First Aider.

Applicant Details

<input type="checkbox"/> My details have not changed.	<input type="checkbox"/> My details have changed in the last 12 months <small>Please submit a new First Aider Appointment Form</small>
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Staff ID		Name	
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I CONFIRM THAT:

I have updated the following training: (tick all that apply and provide certificate)

<input type="checkbox"/>	Provide First Aid (required every three years)
<input type="checkbox"/>	CPR Refresher (required annually)
<input type="checkbox"/>	Mental Health First Aid (required every three years)
<input type="checkbox"/>	Warden/Fire Awareness/Fire Extinguisher (required every two years)

<input type="checkbox"/>	I have read the First Aid Guidelines and understand my responsibilities as a First Aider.
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<input type="checkbox"/>	I understand that I am required to provide physical or mental health first aid to injured or ill people in my building/area and report all incidents on CHARM.
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<input type="checkbox"/>	I agree to check and maintain the first aid kits in my area at least annually.
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<input type="checkbox"/>	I understand that as a First Aider, I am a member of my building Incident Response Team and will assist in an emergency situation as directed by the Chief Warden or Safer Community Team.
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Approval

I hereby give my approval for the applicant below to continue as a First Aider and receive the relevant first aid allowance as per the Curtin University Enterprise Bargaining Agreement 2022-2025 (Clause 30.2).

Manager Name		Signature	
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Office Use Only

Emergency Management	Approved By	
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Start Date		End Date	
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People and Culture	Actioned By	
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