

Nomination for Appointment as a First Aid Officer

Surname		Given Name/s	
Position Title		Employee Number	
Faculty / Institute		School/Section	
Phone Number		Email address	

Details of First Aid Qualification (s) – Attach copies of certificates

Qualification/Course	Institution	Date Gained	End Date for Qualification

To be signed by the staff member

I certify that the above details are correct, and agree to advise the School of any changes of the above.

Signature		Date	
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To be signed by the Head of School/Section

A Risk Assessment has been undertaken in line with the University’s First Aid Guidelines. Appointment of the above staff member as a First Aid Officer is required, and I have sighted details of the nominee’s qualifications.

Signature		Date	
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After approval by the Head of Department, this form should be forwarded to the Occupational Health and Safety Division, with copies of the First Aid and CPR Certificates. The Head of School should keep a copy of the appointees First Aid Qualifications on file. Human Resource Division will advise the nominee and Head of School once the appointment has been confirmed.