

**APPLICATION FOR APPROVAL OF FIRST AID AT WORK TRAINING**

**1. ORGANISATION DETAILS**

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

TEL NO: \_\_\_\_\_ POST CODE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

**2. TYPE OF FIRST AID TRAINING**

Basic  Refresher

EFAW  EFAW Refresher

**3. LENGTH OF COURSE**

Basic  hours Refresher  hours

EFAW  hours EFAW Refresher  hours

4. Are students to be accepted from outside your organisation?

5. You must include with your application:-

- a. the signed declaration of undertaking (AT2);
- b. syllabus including time allocation for each subject;
- c. lesson plans to include topic, aim, objective, methodology and learning outcomes, use of visual aids and content of each session;
- d. examination plan including essential questions, practical procedures and arrangements for privacy;
- e. portfolio for each trainer/examiner;
- f. sample certificates;
- g. details of how you are going to monitor the quality of your training, trainers and assessors;
- h. details of how you will make sure the premises are up to standard;
- i. training records.

6. SIGNATURE ..... DATE: .....

Position in Organisation .....

Please complete in full before **printing, signing and returning** to the address below:  
(Please also note this document cannot be saved).

Employment Medical Advisory Service  
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BT1 2DX

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