

All parts to be completed by the Accountable Person.

Part 4: Trainer / Assessor details *(please photocopy as necessary)*

Please note that information provided should be relevant to the activities of the Trainer / Assessor in relation to your organisation only.

Please note that **all** sections must be completed. Incomplete returns will result in an otherwise avoidable delay in your re-approval. You are reminded that Trainer / Assessors cannot deliver / assess courses where they are not approved.

Trainer / Assessor name:

Is the above named a doctor, registered nurse or paramedic?

Yes: No: *(if yes please detail registration (PIN) number and expiry date and date checked).*

Registration number: *(please print clearly)*

Date checked:

Registration expiry date:

Copy of Current FAW Certificate attached.

yes

no

Training:

How many First Aid at Work courses has the above named individual Trained / Assessed on behalf of your organisation in the past three years?

As a Trainer:

As an Assessor:

Training on teaching methods:

Please detail all training on teaching methods delivered to this individual which were provided or facilitated by your organisation in the past three years: *(attach copies of certificates etc where appropriate).*

Training on First Aid:

Please detail all training on First Aid which this individual has received as evidenced by you in the past three years: *(attach copies of certificates etc where appropriate).*

Evidence of internal / External monitoring :

I attach hereto evidence of internal monitoring in respect of the above named Trainer / assessor.

I attach hereto evidence of external monitoring in respect of the above named Trainer / Assessor.

Date:

Signature:

As the Accountable Person for the aforementioned organisation