

PART 1 - To be completed by the Accountable Person

Name of Approved Organisation:

I, _____ (print name) the Accountable Person for the above

organisation, wish to apply for the following individual to be considered for approval as a

TRAINER

ASSESSOR

TRAINER AND ASSESSOR

in the category of

DOCTOR

NURSE

LAY TRAINER

PARAMEDIC

Signed: _____

Dated:

Contact telephone no: _____

Email address: _____

**PART 2 - to be completed and signed by the proposed trainer/assessor
(CVs are not an acceptable alternative):**

Surname:

Title:

Forename(s):

Address:

Postcode:

Telephone:

Email address:

EMAS DATE RECEIVED STAMP

EMAS USE ONLY

I enclose / detail below evidence that I have practical experience in the delivery of First Aid at Work in the last three years.

FAW2008AT4

*PLEASE NOTE THAT ALL SIGNATURES ON THIS FORM MUST BE HANDWRITTEN ORIGINALS. PHOTOCOPIES / COMPUTER GENERATED SIGNATURES ARE NOT ACCEPTABLE. PLEASE ALSO NOTE THAT COPIES OF ALL CERTIFICATES (NMC / FAW) MUST BE SUBMITTED ALONG WITH THIS FORM. **INCOMPLETE SUBMISSIONS WILL RESULT IN AN OTHERWISE AVOIDABLE DELAY IN THE PROCESSING OF THIS APPLICATION.**

Registration:

Nurses can only be accepted whose names are entered in part 1, 2, 7 or 12 of the single professional register maintained by the Nursing and Midwifery Council.

Doctors GMC Number:

Nurses* Practitioner Pin No:

Valid to: **2**

Date of birth:

Paramedic ID*:

* Nurses must attach a copy of their current NMC certificate for verification purposes.

* Paramedics must attach a copy of their registration with the Health Professionals Council certificate.

Competence in First Aid at Work:

Please detail below **all** training you have received in **First Aid at Work** for **at least the last three years**. Copies of a current first aid at work certificate, all relevant courses (including updates in CPR/Basic Life Support) and results of examinations **must** be attached. In the event that you have not held a First Aid at Work certificate for three years this should be clearly stated. In the event that you have been a holder of a First Aid at Work certificate for more than three years then please also supply a copy of the previous certificate held.

Note: Registered nurses, doctors and paramedics are not required to hold an FAW certificate. They are, however, required to provide other evidence of their competence in First Aid and in training and assessing.

Date	Training Provider	Course Title	Course Outcome

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APPLICATION TO REGISTER A FIRST AID AT WORK TRAINER/ASSESSOR

HEALTH & SAFETY (FIRST-AID) REGULATIONS (NORTHERN IRELAND) 1982

Practical experience of first aid in the workplace:

Please detail general skills, hands on experience and knowledge that you have applied in a First Aid at Work situation in the workplace for at least the last three years.

Name & Address of firm	First Aid duties	Occupation	From	To

Details of other HSENI approved First Aid at Work training organisations with whom you are registered:

Please insert details below. If not applicable please state this clearly.

Name of approved organisation(s)	Date registered with

FAW2008AT4

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Proficiency and competence in teaching / assessing:

Please detail evidence of competence in training/assessing detailing general skills, experience and knowledge that has been applied to teaching and assessing. **Provide available supporting evidence including qualifications - attach certificates where appropriate.**

(If any section is not completed the form will be returned)

I confirm that the aforementioned details and attached copies of qualifications held by me are a true and accurate reflection of my experience in the areas of First Aid at Work and the delivery of training and assessing.

Signature of applicant _____ Date _____

Part 3: Must be completed by the Accountable Person.

Competencies:

With regard to this application in respect of _____ **I have satisfied myself that their competence in both First Aid at Work and teaching and examining meets the required standard.** I have based this on the following and I enclose copies of the supporting evidence. I also understand that he/she should not participate in any training / assessing on behalf of our organisation until such time as I am formally advised that this application has been successful. Please see footnote below.

(If any section is not completed the form will be returned)

Signed _____
(Accountable Person)

Dated: _____

Footnote:

Have there been any changes to your company structure, address, name, lesson plans or syllabus regarding which you are required to notify EMAS?

Yes. Details attached. No.

RETURN ADDRESS:
EMAS
2nd Floor
Longbridge House
16 - 24 Waring Street
Belfast
BT1 2DX

APPENDIX

Note 1

Competence in teaching / assessing

As regards proficiency in teaching and assessment evidence of the following should be submitted:

1. A teaching degree; *or*
2. NVQ certificates for units C23, C24 and D32; *or*
3. An Ambulance Aid Instructors certificate;
4. Other evidence of teaching and assessing First aid at Work in Northern Ireland detailing general skills, experience and knowledge that have been applied to teaching and assessing First Aid in the workplace.