

4.06a First Aid Allowance Form

16 June 2010

Part A: To be completed by Staff Member

Staff No: _____ OHS Working Group: _____

Surname: _____ Given Names: _____

Cost Centre: _____ Location: _____

Email _____ Telephone _____

Are you Academic **OR** General Staff?

Have you previously received a First Aid Allowance? Yes No

I will comply with requirements of the First Aid Officer Position Description (**4.06A**)

Copy of First Aid Certificate attached

Signed: _____ Date: ____/____/____
Staff Member

Part B: To be completed by the School/Unit

Cost Centre: _____ Location: _____

Faculty/Directorate: _____ School/Unit: _____

In signing approval of this Form, I hereby certify that

- *this appointment is in line with the University's policy on the appointment of First Aid Officers;*
- *I have sighted the original qualifications for this person (please see attached);*
- *The Cost Centre will be responsible for payment of the First Aid Allowance from:*

Account Code: PL / RE / SP / FM _____ 7 0 1 2 0 6

Recommended: _____ /____/____
Supervisor Signature Name date

Approved: _____ /____/____
Head of School/Unit Signature Name date

Part C: Human Resource Services Use Only

1. All documentation received and checked _____ /____/____

2. First Aid Cert. checked & valid: _____ /____/____

3. Allowance entered on ALESCO: _____ /____/____

4. File

TRIM Document No.: D07/18221 amended

