|  |  |  |
| --- | --- | --- |
| **Part A: To be completed by staff member** | | |
| Name: |  | |
| Staff number: |  | |
| Cost code: |  | |
| Location: |  | |
| School/Business Unit: |  | |
| Academic or Professional staff: |  | |
| Previously received First Aider Allowance? |  | |
| **Compulsory for First Aider Allowance to be processed** | | |
| Copy of First Aid Certificate attached? | |  |
| WHS F009 Area First Aider Notification Poster provided to whs@une.edu.au? | |  |

Signed:

Date:

|  |  |
| --- | --- |
| **Part B: To be completed by School/Business Unit** | |
| School/Business Unit: |  |
| Cost code: |  |

In signing this form, I certify that:

* I have deemed it necessary according to WHS P005 First Aid Management Protocol that the above First Aider is required by the School/Business Unit;
* I have sighted the original qualifications of this person;
* The cost centre above will be responsible for the payment of the First Aider Allowance as per UNE Professional Staff Collective Agreement 2019-2022 and UNE Academic and ELC Staff Collective Agreement 2019-2022.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor Name |  | Supervisor Signature |  | Date |  |
| Head of School/BU Name |  | Head of School/BU Signature |  | Date |  |

Please forward to [hr-services@une.edu.au](mailto:hr-services@une.edu.au) for processing and application of the allowance. N.B. Payment of allowance will cease at expiration of First Aid Certificate. A new First Aider Allowance form is required.

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| ***Records Storage Instructions*** |
| *Please forward this completed form to* [*whs@une.edu.au*](mailto:whs@une.edu.au) *for review and records retention in TRIM Container A17/24.* |