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| **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 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* *for review and records retention in TRIM Container A17/24.* |