



UOW SAFE@WORK

FIRST AID ALLOWANCE REQUEST

Appointed First Aid Officer Details			
Surname:		Given Name:	
Faculty/Division:			
Unit:		Location/Room:	
Extension:		Staff Number:	
First Aid Qualifications <i>(Please attach a copy of first aid qualifications to this form)</i>			
Qualification/Course	Certificate Number	Date Gained	Expiry Date
		/ /	/ /
Appointed First Aid Officer Declaration			
<p>I certify that the above details are correct, and agree to advise the Unit of any changes of the above. I understand that as an Appointed First Aid Officer I will undertake the following:</p> <ul style="list-style-type: none">Administer first aid care to staff, students and others in their area as required and during emergenciesNotify the WHS Unit of an injury immediately after providing treatmentComplete an injury report on SafetyNET after performing first aidArrangement of prompt and appropriate referral to medical aid as requiredReview first aid kit contents to ensure they are adequately stocked.			
Signed:		Date: / /	

Head of Unit Approval	
<p>An assessment has been undertaken in line with the University's First Aid Guidelines.</p> <p>Appointment of the above staff member as a first aid officer is required, and I have sighted details of the appointee's qualifications.</p>	
Signed:	Date: / /
Name:	

*After approval by the Head of Unit, this form is to be forwarded to the WHS Unit.
Staff Services will advise the appointee and Head of Unit once the appointment has been confirmed.*

WHS Unit Approval	
Signed:	Date: / /