

University First Aider Nomination Form

PART 1 - CONDITION OF NOMINATION

University staff who complete a First Aid course at the University's expense are expected to nominate and act as a University First Aider.

A **University First Aider** is an employee of the University who holds a current competency-based first aid certificate, such as "HLTAID003 Provide First Aid", or an equivalent qualification as determined by the Manager - Risk, Health and Safety, and has been nominated in accordance with this form.

University First Aiders are the primary resource for attending to injuries and illnesses incurred on campus, and during University-endorsed activities (e.g. excursions, Open Day, etc.).

PART 2 - TO BE COMPLETED BY THE PROPOSED FIRST AIDER

FULL NAME

PHONE

EMAIL

SCHOOL / SECTION

CAMPUS

TYPE OF FIRST AID CERTIFICATE (e.g. HLTAID003 Provide First Aid) – **PLEASE ATTACH A COPY**

CERTIFICATE ISSUED BY (e.g. St John, Red Cross, etc.)

DATE OF ISSUE

I have read Part 1 and agree to act as a University First Aider, in accordance with the OHS Procedures – *First Aid Services* and *Incident and Emergency Management*.

I have attached a copy of my current certificate / CPR update.

SIGNATURE

DATE

PART 3 – HEPATITIS B PREVENTION PROGRAM

University First Aiders are encouraged to enter into a Hepatitis B Prevention Program which may, after proper information and consent, include vaccination. The RHS department fully funds the cost of the Hepatitis B prevention program for University First Aiders.

I will take part in the Hepatitis B Prevention Program Yes No

Ballarat staff - contact the Mt Helen Health Centre on 5327 9477 to discuss the Program.

Gippsland and Berwick staff – contact the Campus Nurse on 5122 6425.

Brisbane and Wimmera staff - contact your local GP, and if you wish to proceed with the Program, advise them to send the invoice to Risk Health and Safety Department at the University.

PART 4 - TO BE COMPLETED BY DEAN OR DIRECTOR

I endorse the nomination of the person mentioned above as University First Aider for my Faculty/Directorate, and I confirm that his/her appointment complies with the OHS *Procedure - First Aid Services*.

NAME

SIGNATURE

DATE

Send completed form and copy of current First Aid Certificate to Risk, Health & Safety, SMB Campus

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.