

# People and Culture First Aid Training Request Form



## OBJECTIVE

The objective of the First Aid Training Request Form is to obtain approval for either new or refresher first aid training, paid via central funding, and confirmation the training is 100% business use for Fringe Benefits Tax purposes.

## INSTRUCTIONS

Before completing the First Aid Training Request Form, we recommend reading the [First Aid Guideline](#) to assist in understanding the requirements and responsibilities of the role.

Please forward the form to [whs@ecu.edu.au](mailto:whs@ecu.edu.au) once completed.

## DETERMINING REQUIREMENTS FOR TRAINING

Supervisors/Line Managers are to identify the number and location of first aid officers near, or in their area, using the [First Aid Officers List](#), or by consulting with workers and first aid officers in their area.

It is recommended that there be one first aid officer for every 50 workers in low-risk work areas, or one first aid officer for every 25 workers in high-risk work areas.

Where it is unclear whether a work area is high or low risk, a WHS risk assessment should be completed to determine the first aid officer requirements. For further guidance on determining the risk level of a work area, please contact the People and Culture WHS team.

## PROPOSED ECU FIRST AID OFFICER

In attending the first aid training, you are agreeing to be appointed as, and abide by, the responsibilities of a university first aid officer as outlined in the First Aid Guideline, and as such, the training course payments would, under the otherwise deductible rule, have a taxable value of nil.

<b>Name</b>					
<b>Contact no.</b>					
<b>Campus</b>		<b>Building</b>		<b>Room no.</b>	
<b>Signature</b>		<b>Date</b>			

## FIRST AID COURSE BOOKING DETAILS

The first aid course booking will be made on your behalf by the People and Culture WHS team, subject to their approval.

Courses must be completed through St John. Please see [St John Provide First Aid - 1 day](#) for available training dates and locations. Provide the details of the course you wish to attend below.

<b>Course date</b>	
<b>Course location</b>	

## SUPERVISOR/LINE MANAGER APPROVAL

The application for this employee to undertake the role of a University First Aid Officer and attend the specified first aid course is approved.

<b>Name</b>		<b>Signature</b>	
<b>Position</b>			

If approved, the WHS team will make the course booking and provide central funding for the course. Confirmation of the course booking will be provided to the applicant.