



First Aid Allowance Request

I confirm that I have been successful in gaining the Apply First Aid Certificate and I have attached a copy of the Certificate for Human Resource records.

(Please Tick Box to confirm)

I understand that the allowance will cease on the certificate expiry date below, and need to renew my qualifications and re-submit a new form before the expiration of this certificate.

(Please Tick Box to confirm)

I understand and agree that in order to receive this allowance I am now part of the emergency team for my building and I am required to assist with emergencies.

(Please Tick Box to confirm)

I confirm that I have notified the Emergency Coordinator of this new First Aid Officer role. emergency@unsw.edu.au

(Please Tick Box to confirm)

Certificate Number _____ Certificate Expiry date _____

This certificate has met the WorkCover and VETAB competency standards. (Please Tick Box to confirm)

Applicant Details

Employee Number:

Title: _____ Family Name: _____ First Name: _____

Email: _____ Phone: _____ Mobile: _____

Faculty/Division: _____ School/Business Unit: _____

Signature

Signature: _____

Allowance Period - Start & End Dates (As shown on certificate)

Start Date: _____ End Date: _____

Approval

Faculty/Head of School/Division

I approve this First Aid Allowance request to be paid from my work unit budget.

Title: _____ Family Name: _____ First Name: _____

Email: _____ Phone: _____

Faculty/Division: _____ School/Business Unit: _____

Signature

Signature: _____

Date: _____

Fax First Aid Allowance Request and Certificate to:

Salaries Section
 Human Resources
 Fax: 9385 1420

Salaries Use Only

Date Entered: _____