

SAL127 First Aid Allowance Request

(HR.V1.0 - 7.05.18)

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

Applicant Details

Employee Number: z

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:
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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:
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Email First Aid Allowance Request and Certificate to:

Human Resources, Salaries Unit salaries@unsw.edu.au

Salaries Use Only

Date Entered: