

EMERGENCY FIRST AID TRAINING PRE ENROLMENT FORM

Name					
Post Title					
Team/Section					
Group					
Contact details inc phone number and email address Please provide a full address for schools					
Course required	Emergency First Aid at work (EFAW) (1 day) <input type="checkbox"/>				
For attendance on any other courses e.g. FAW (3 day) or Paediatric Training please contact healthandsafety@warwickshire.gov.uk or tel 01926 476803					
Medical information	<p>You need to be medically fit to undertake the role of first aider. For the safety of others the trainer reserves the right to prevent you from completing the course. If you are currently suffering or have ever suffered from any of the following problems or are pregnant you may not be able to undertake the role of a first aider:</p> <ul style="list-style-type: none"> • Back, neck, arm or knee problems • Rupture or hernia • Heart disease, high blood pressure, bronchitis, asthma or chest problems • Blackouts, seizures or epilepsy 				
First Aid Needs Assessment	<p>A first aid needs assessment MUST have been carried out for your team/premise before a booking is made on the above first aid course. The first aid needs assessment will confirm what type of training is required and the number of staff to be trained.</p>				
Declaration	By signing this form you confirm that you meet the requirements above.				
Signature of manager		Print Name		Date	
Signature of attendee		Print Name		Date	

* If this form is emailed then a signature is not required

Please return this form by email to healthandsafety@warwickshire.gov.uk