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| TextDescription automatically generated | Application for First Aid Allowance  |

# STAFF MEMBER DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** |       | **University ID** |

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 |
| **Family Name** |       | **Email** |       |
| **Given Names** |       |
| **College/Div/Centre** |       | **Dept/School/Section** |       |
| **Notes:** 1. A copy of the First Aid Certificate **and** a Mental Health First Aid Certificate **must** be attached to this application.
2. The First Aid Allowance will be paid until whichever expiration date comes first, the First Aid Certificate or the Mental Health First Aid Certificate.
3. First Aid Allowance is **not** payable during periods of leave.
4. A new application is required for any extension to the current period and **must** be accompanied by a copy of the new First Aid and/or Mental Health First Aid accreditation refresher certificate.
 |
| **Commencement Date**  |       | **End Date (please see point 2. above)** |       |

|  |  |
| --- | --- |
| **Staff Member Signature:**  | Date:        |

# SUPERVISOR TO COMPLETE (please tick which category of training has been completed)

|  |  |  |
| --- | --- | --- |
| Provide First Aid HLTAID011 [ ]  | **Advanced First Aid** **HLTAID014** [ ]  | **Occupational First Aid** **HLTSS00068** [ ]  |
| Code: 321 | **Code: 322** | **Code: 323** |

**ATTACHED**

|  |  |
| --- | --- |
| [ ]  | **First Aid Certificate**  |
| [ ]  | **Mental Health First Aid Certificate** |

**APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name:** |       | **Date** |       |
| **Supervisor Signature:** |  | **Email** |       |
| **D****elegate Name:** |       | **Date** |       |
| **Delegate Signature:** |  | **Email** |       |

|  |  |
| --- | --- |
| [ ]  | **Original – Forward forms and copies of certificates to Remuneration and Conditions, Human Resources hrd.remuneration@anu.edu.au** |
| [ ]  | **Copy – Delegate to forward to employee** |