**National Health and Safety Function, Workplace Health and Wellbeing Unit,**

**National HR Division**

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|  | **Checklist/Form** |  |
| **Ref:CF:046:01** | **RE: Locally Co-ordinated Training Request Form – Short Form** |
| **Issue date:** | November 2019 | **Revised** | January 2020 | **Review**  | January 2022 |
| **Author(s):** | National Health and Safety Function (Training Team) |
| **Note:** | * *This Form is to be completed for all statutory Occupational Safety and Health Training (this form is also available as an e-mail template)*
* *By completing and submitting this form, you are agreeing to any relevant Terms & Conditions and committing to releasing participant numbers documented below*
* *E-mail your completed form to the training provider/ Instructor or training Coordinator/ Advisor (as appropriate) and keep a copy for your records*
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**Section 1 - General details**

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| **Training Course Title or Lot #:** |  |
| **Training Provider/Instructor:** |  |

**Section 2 - Service Details**

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| --- | --- |
| **Service/Hospital/Department:** |  |
| **Responsible Person/Line Manager name and contact details (Mobile No. and email):** |  |
| **Training Date:** |  |
| **Venue[[1]](#footnote-1):** |  |
| **No. of Participants:** |  |
| **Employee/attendee Name and Title** *(Complete and attach* [*attendance form*](https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/attendance-form.doc) *for groups)* |  |

**Section 3 - Training Needs Assessment (TNA)/Specific Training Needs**

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| **3(a) Provide any relevant site-specific information in order to ensure the training is specific to the work activities, work equipment and work environment of the employees undertaking the training (use additional space in Section 5 if necessary)** |
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| --- | --- | --- |
| **3(b) Accessibility and Attendee Fitness to Participate** | **Yes** | **No** |
| There is/are an individual(s) attending who have specific access requirements, an identified “Fitness to participate”issue, or for whom adjustments/accommodations have been made to facilitate their work |  |  |

Refer to FAQ 14 for further information on “Training Needs Assessment” and FAQ 20 and FAQ 21 for information on “Fitness to Participate”:

**Section 4 - Instructor Record - where required under Section 3**

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| --- | --- |
| **Name of Instructor:** |  |
| **Name of Line Manager Contacted:** |  |
| **Date of Contact:** |  |
| **Number of employees affected:** |  |
| **Tailoring/Techniques the affected employee(s) will not be required to practice during practical training (reference as numbered in practical training record)[[2]](#footnote-2):** |  |

**Section 5 - Any Other Relevant Information**

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1. If you are using a venue for the first time, or this is the first time an instructor has used a particular venue, please click this link:[*Venue Checklist*](https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/venue-checklist.docx).E-mail your completed checklist to the training provider/ Instructor or training Coordinator/ Advisor (as appropriate) and keep a copy for your records [↑](#footnote-ref-1)
2. Also record these techniques on: 1) Training Practical Technique Record; 2) Employee’s training certificate [↑](#footnote-ref-2)