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| **HSE LOGO** | **First Aid Responder (FAR) / First Aid Responder Refresher (FARR) Training Application Form**  |
| **Ref:CF:071:00** | **Issue date:** | November 2023 | **Review date:** | November 2025 |
| **Author(s):** | National Health & Safety Function - Training Team  |
| ***Note:*** | * *Please ensure you have read the* [*OSH training terms and conditions*](https://healthservice.hse.ie/staff/training-and-development/health-and-safety-training/occupational-safety--health-osh-training-/)
* *This training will enable HSE employees to administer a first aid response to employees.*
* *Requests for this training are processed on receipt of this fully completed and signed application form (section 1 and 2), which is to be submitted to the NHSF via the National Health & Safety helpdesk.*
* *Recommended number of First Aid Responders in a workplace – see section 3 for Health and Safety Authority recommendations*
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| **Section 1** |
| **Training Programme Required : (FAR or FAR Refresher)** |  |
| **Address of location/ premises where First Aid Responder(FAR) is required (include Eircode)** |  |
| **No. of FAR that you require to be trained (1 or 2)****Complete Section 2 for each applicant** |  |
| **How many FAR are currently located at this premises (Check Safety Statement)** |  |
| **Maximum number of staff working at the premises at any given time (consider staff who are blended working, working in the community, hot desk working)** |  |
| Please tick “**✓**” either **yes** or **no** to each statement |
|  | **Yes**  | **No** |
| **A Training Needs Assessment has been completed** |  |  |
| **The nominated FAR will be released to attend the training (training dates will be fixed once training date is confirmed)** * **3 days full FAR Course, 2 days refresher FAR course**
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| **The FAR works full time hours at this premises** |  |  |
| **Once trained, the FAR will respond to First Aid requests throughout the premises**  |  |  |
| **Once trained, a mechanism for contacting the FAR has been identified locally** |  |  |
| **The regular work activities of the nominated FAR allow them to respond to a request for first aid without delay** |  |  |
| **Helpdesk request number (For NHSF Office use only)** |  **R:**  |

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| **Section 2** |
| **Applicant and Manager Details****All sections must be completed in the table for the applicant(s) and their manager(s)** |
| **1st Applicant Details** |
| **Employee/Applicants name (BLOCK CAPITALS)**  |  |
| **Job title** |  |
| **Work Address** |  |
| **Work email and Alternate e mail** |  |
| **Contact numbers (Work and Mobile)**  |  |
| **Training applied for (FAR or FAR refresher\*)**  |  |
| **\*For refresher training programmes a copy of your current certificate must be attached to the request.**  |

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| **1st Applicant Manager Details*****Please ensure that this section is fully completed as it is necessary for issue of certificates*** |
| **Managers name (BLOCK CAPITALS)** |  |
| **Job title** |  |
| **Work Address** |  |
| **Work email** |  |
| **Work contact number** |  |
| **Managers signature\*** |  |
| **Date** |  |

**\* NB: By signing this form you are agreeing to the following:**

* **the** [**OSH Training terms and conditions**](https://healthservice.hse.ie/staff/training-and-development/health-and-safety-training/occupational-safety--health-osh-training-/) **(NHSF)**
* **to release the above named 1st applicant to attend this training programme (3 days for First Aid Responder/ 2 day First Aid Responder Refresher)**
* **to release the above named 1st applicant from their substantive duties to respond (without delay) to requests for First Aid**

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| **2nd Applicant (if indicated by Health and Safety Authority recommendations in Section 3)** |
| **Employee/Applicants name (BLOCK CAPITALS)**  |  |
| **Job title** |  |
| **Work Address** |  |
| **Work email and Alternate e mail** |  |
| **Contact numbers (Work and Mobile)**  |  |
| **Training applied for (FAR or FAR refresher\*)**  |  |
| **\*For refresher training programmes a copy of your current certificate must be attached to the request** |

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| **Manager of 2nd Applicant** **(*Please ensure that this section is fully completed as it is necessary for issue of certificates)*** |
| **Managers name (BLOCK CAPITALS)** |  |
| **Job title** |  |
| **Work Address** |  |
| **Work email** |  |
| **Work contact number** |  |
| **Managers signature\*** |  |
| **Date** |  |

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* **the** [**OSH Training terms and conditions**](https://healthservice.hse.ie/staff/training-and-development/health-and-safety-training/occupational-safety--health-osh-training-/) **(NHSF)**
* **to release the above named 2nd applicant to attend this training programme (3 days for First Aid Responder/ 2 day First Aid Responder Refresher)**
* **to release the above named 2nd applicant from their substantive duties to respond (without delay) to requests for first aid**

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| **Section 3** | **The Health and Safety Authority (HSA) recommend the following based on the training needs assessment** |

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| **Recommended numbers of occupational first-aiders \*** |
| **Type of Workplace** | **Maximum No. ofEmployeesat any one time** | **No. of OccupationalFirst Aiders** |
| Factories, Construction Sites, Surface Mines and Quarries | up to 49 | 1 if safety statement risk assessment shows it necessary |
| 50-149 | Minimum 1 |
| 150-299 | Minimum 2 |
| > 300 | 1 extra for every 150 employees orpart thereof |
| Underground Mines |  | 1 for every 10 employeesor part thereof |
| Other workplaces | up to 99 | 1 if safety statement risk assessment shows it necessary |
| 100-399 | 1 |
| 400-699 | 2 |
|  | more than 700 | 1 extra for every 300 employees or part thereof |

\*Guide to Chapter 2 of Part 7 of the Safety, Health and Welfare at Work (General Application) <https://www.hsa.ie/eng/publications_and_forms/publications/occupational_health/guidelines_on_first_aid_at_places_of_work_2008.pdf>