BASELOGO**RU STAFF APPLICATION: FIRST AID TRAINING 2018**

SHE Office(Safety Health Environment), Alumni House, Lucas Avenue. 046 603 7205

Forms available at [www.ru.ac.za/safety/training](http://www.ru.ac.za/safety/training) **PRINT DOUBLE-SIDED to SAVE PAPER!** NB: HOD/Manager/Supervisor must complete **Section 5**.

Please SEND **TWO** **FULLY COMPLETED FORMS**: **(1) This COURSE** **APPLICATION** **AND (2) First Aider APPOINTMENT (DESIGNATION) –** required by OHS Act**\***

at least 1 week before the course starts, to:[**safety@ru.ac.za**](mailto:safety@ru.ac.za)or deliver to **Alumni House, Lucas Avenue, Rhodes University**

1. **APPLICANT’S PERSONAL & WORK DETAILS**  [please COMPLETE **all** blank fields below – PRINT CLEARLY] [*this info is for RU’s SETA and BBBEE reporting*]

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee**  **Number** | **First Name** | **Surname** | **Job Title** | **Name of RU**  **Dept/Div** | **Age / ID**  <35 35-55 >55 | **Gender**  M/F | **Race**  A / I / C / W | **Job Grade** |
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| --- | --- | --- | --- | --- |
| **Email address(es)**  Provide at least one email address (yours and/or your line manager’s) Do NOT leave blank | **Building** where you usually work at RU | **RU tel. extension** | **Mobile Cell Number** | **Job Status at RU**  Full time / Part time / Temp / Contract |
|  |  |  |  |  |

X

1. **(a) I WISH TO ATTEND** [please MARK **only ONE** option] [*info on each option in box below*]

**i.** the **3-day** First Aid Course **\_\_\_\_** **or**  **ii.** the **4-day** First Aid Course **\_\_\_\_** **or** **ii.** the **5-day** First Aid Course **\_\_\_\_**

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| **3-day course** – **Level 1** (***sufficient for most workplaces***) (08h30-16h00 daily). Emergency Scene Management | Shock, Unconsciousness, Fainting | Head, Spinal and Pelvic Injuries | Breathing and Cardiovascular Emergencies | CPR, Choking | Severe Bleeding, Bleeding, Types of Wounds, Wound Care | Medical conditions (diabetes, convulsions, asthma, allergies) | Secondary Survey | Burns | bone and Joint Injuries -- upper limbs – fractures, muscle strains, sprains. | **4-day course** – **Level 2** (***necessary for labs, field trips, workshops, child caring***) (08h30-16h00 daily). Includes level 1, plus: Multiple Casualty Management – Triage & Levels of Priority | Rescue Carries | Chest Injuries – Open and closed chest injuries | Poisoning – Swallowed, Inhaled and Contact | Eye Injuries | Heat & Cold Injuries – Hypothermia, Frost Bite, Heat Stroke, Heat Exposure | One and Two rescuer CPR | Infant CPR & Choking | Child CPR & Choking. | **5-day course** – **Level 3** (***necessary for use of AED***). (08h30-16h00 daily). Includes level 1 & 2, plus: Automated external defibrillator (AED) | Emergency Childbirth & Miscarriages. |
| **In each case, the course includes: comprehensive workbook, textbook, resusci-aid, gloves. On the last day of the course there is a test.** | | |

**(b) I AM AVAILABLE TO ATTEND on the FOLLOWING DATE(s):**  [please note which course dates **you are** **available** – course dates at [www.ru.ac.za/safety/training](http://www.ru.ac.za/safety/training)]

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1. **CONDITIONS OF TRAINING** [please READ carefully]
   1. A Certificate of Competency in First Aid – valid for 3 years – is awarded if you complete the course successfully.
   2. All RU employees who receive certified first aid training through his/her workplace will be listed as first aiders at [www.ru.ac.za/safety/firstaid/rufirstaiders](http://www.ru.ac.za/safety/firstaid/rufirstaiders) and are required by law to provide first aid services in the case of an emergency situation in the workplace. Their responsibilities are detailed in the *First Aider Appointment Form (Designation)* at [www.ru.ac.za/safety/resources/file/#Designation](http://www.ru.ac.za/safety/resources/file/#Designation)
   3. RU first aiders must keep a first aid register in the first aid box to record all first aid incidents - see [www.ru.ac.za/safety/firstaid/firstaidbox](http://www.ru.ac.za/safety/firstaid/firstaidbox)
   4. Ensure they are medically and physically fit to participate in the course, and wear appropriate clothing and non-slip shoes.
   5. Take their identity documents to present to the course facilitator if required.
   6. Attend all the required sessions and participate in all activities associated with the course and (i) Tell the facilitator timeously if they are not coping with the demands of the course (e.g. due to difficulty / personal issues), (ii) Tell the facilitator beforehand if they will be absent (for a valid reason) from a session, or if this is not feasible, notify the facilitator as soon as possible, and (iii) Catch up any work missed before the next session.
   7. Complete any assignments and homework as part of the curriculum of the course.
   8. Return to work if the course is completed before the end of a normal working day, regardless of what the course facilitator may suggest, unless other prior arrangements have been made with their HOD/supervisor/ manager.

PLEASE GO TO PAGE 2

1. **TRAINING AGREEMENT - to be completed by APPLICANT** [please MARK Yes or No in **all** blanks **\_\_\_\_** below]
   1. **I am available** to attend the training on the **course dates specified** (see 2b on page 1), I agree to diarise the dates and attend the course (if this application is successful): **\_\_\_\_**
   2. **I will check email daily** – or ask my HOD/manager/supervisor to check – to confirm if I have been accepted on the course: **\_\_\_\_**
   3. **I accept the responsibilities** stated in my ***First Aider Appointment Form*** *(Designation)* which has been **completed and signed** by me and a 16(2) appointee (it only becomes valid if I complete the course successfully): **\_\_\_\_**
   4. **I understand** that (i) Rhodes University is paying **R780 (Level 1)** or **R1000 (Level 2)** or **R1300 (Level 3)** so I can attend this course; (ii) this funding has been made available to me as a loan to cover the costs; (iii) if I successfully complete this course, the loan will be converted into a grant so I will not be liable for any costs associated with this course: **\_\_\_\_**
   5. **I understand that I will be liable for repaying 75%** of the loan (see 4.4) IF I am accepted on this course but cancel less than 3 working days before the first day of the course, or I fail to attend, or I fail to complete this course, and that I will be denied access to further development and training at RU for 2 years: **\_\_\_\_**
   6. If I fail to attend the course or fail to meet the terms of this training agreement, I **authorise RU to deduct 75%** of the costs of this course (see 4.4 & 4.5) from my salary, over a period of no more than 10 months, unless otherwise agreed: **\_\_\_\_**
   7. **I intend to continue working at Rhodes University for the foreseeable future** and use my first aid knowledge and skills in the workplace, and I understand that on successful completion, my contact details will be made available for this purpose: **\_\_\_\_**
   8. **I declare that the information supplied in this application is correct**: **\_\_\_\_**

**Your Signature**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date**: . . . . . . . . . . . . . . . . . . .

1. **APPROVAL - to be completed by HOD/LINE MANAGER** [HOD/Manager Name Surname]: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Email: . . . . . . . . . . . . . . . . . . . . . . . . . .

[please COMPLETE **all** blanks below]

* 1. **I support** this application and release the staff member [Name Surname] . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . for the dates and times specified (see page 1) - failing which my dept/section agrees to pay the full amount in terms of training costs (specified in 4.5) [Y/N]: **\_\_\_\_**
  2. The staff member’s ***First Aider Appointment Form*** *(Designation)* (attached) has been signed by the VC’s 16(2) appointee who oversees my Faculty/Division [Y/N]: **\_\_\_\_**
  3. **Additional comments** to support this application [*this* ***will influence*** *whether or not the staff member’s application is approved*): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**HOD/Manager Signature**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date**: . . . . . . . . . . . . . . . . . . .

Send ***TWO fully completed forms***: **(1) This COURSE** **APPLICATION** ***AND***

**\*** *Your Appointment is a legal requirement and MUST be signed by your 16(2) Appointee – see* [*www.ru.ac.za/safety/about/162appointees*](http://www.ru.ac.za/safety/about/162appointees)

* *keep the original in your departmental safety file,*
* *send a copy (scanned by email / or photocopy) to SHE Officer,*
* *send a copy (scanned by email / or photocopy) to your HR generalist - for your staff file in Human Resources Division.*

**(2) First Aider APPOINTMENT (DESIGNATION) –** required by OHS Act**\***

at least 1 week before the course start date, **to:** [**safety@ru.ac.za**](mailto:safety@ru.ac.za)

or deliver to **Alumni House, Lucas Avenue, Rhodes University**

**NB: Applicants should NOT attend UNLESS they have been informed that their application has been approved (please CHECK email regularly)**

Successful applicants will be sent for training at a recognised training institution, in line with the OHS Act:

St John Ambulance Centre (24 Hill St, Grahamstown; tel 046 636 1650)