



FIRST AID INTERNATIONAL™

INSTRUCTOR ESSENTIAL INFORMATION SHEET

For Instructors seeking approval to offer courses
awarded by First Aid International Ltd

Important Information

1. Completion Notes

This document is provided to record instructor essential information for registration purposes. Ensure that you have met all prerequisites and when required provide attachments to support your application.

Prerequisites:

- Current First Aid at Work Certificate
- Copy of First Aid Instructor Certificate
- Passport Photograph (If you require, you can email a jpeg image saved with your first name and surname as the file name. eg. ainstructor.jpg)

A signed copy of the licence agreement must be attached to activate instructor status.

2. Fees

The fee for registration is included in the FAI fees list.

A current price list and fees schedule is available by request from centre support or can be for downloaded from the First Aid International™ website.

<http://www.firstaidinternational.com/>

Annual renewal will be charged in accordance with the current price list and fees schedule.

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Website: www.firstaidinternational.com

INSTRUCTOR ESSENTIAL INFORMATION SHEET

PLEASE PRINT ALL INFORMATION CLEARLY EXCEPT WHERE SIGNATURES ARE REQUIRED.

COURSE INFORMATION	
INSTRUCTOR COURSE TYPE:	
<input type="checkbox"/> IDC3	<input type="checkbox"/> IDC4
<input type="checkbox"/> ISU	<input type="checkbox"/> IUAED
<input type="checkbox"/> IDC5	<input type="checkbox"/> IOF
<input type="checkbox"/> IUFAW	<input type="checkbox"/> AFAW
PERSONAL INFORMATION	
TITLE (MR MRS MS) & SURNAME:	
FIRST NAME:	
MIDDLE NAME:	
OTHER NAME:	
DOB:	
HOME ADDRESS:	
POSTCODE:	
COUNTRY:	
EMAIL:	
MOBILE NO:	
TELEPHONE NO:	
FAX NO:	
NOTE: YOUR NEWSLETTER WILL BE SENT TO THIS ADDRESS ONLY. THIS INFORMATION WILL NOT BE SOLD AS A MAILING LIST AND WILL BE KEPT STRICTLY CONFIDENTIAL. FIRST AID INTERNATIONAL LTD HAS REGISTERED WITH THE DATA PROTECTION ACT.	
PLEASE INDICATE WITH A TICK IF YOU HAVE HELD ANY OF THE CERTIFICATES LISTED BELOW, EVEN IF YOU ARE NOT CERTIFIED.	
QUALIFICATIONS:	<input type="checkbox"/> DOCTOR <input type="checkbox"/> UKCC/NMC <input type="checkbox"/> PARA EMT <input type="checkbox"/> AMB/TEC <input type="checkbox"/> HSEFAW <input type="checkbox"/> LAY TRAINER
CERTIFICATIONS:	<input type="checkbox"/> ST JOHNS <input type="checkbox"/> RED CROSS <input type="checkbox"/> ST ANDREWS <input type="checkbox"/> HSE <input type="checkbox"/> CERT ED <input type="checkbox"/> FETC
ASSESSMENT:	<input type="checkbox"/> D32 <input type="checkbox"/> D33 <input type="checkbox"/> D34 <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> V1
DATA PROTECTION AGREEMENT	
I GIVE PERMISSION FOR FAI TO GIVE OUT MY CONTACT DETAILS TO OTHER PARTIES LOOKING FOR FIRST AID INSTRUCTORS/ASSESSORS	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE:	
DATE: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Section One

NOTES:

FAI USE ONLY:			
Date Certificate & Card Sent	Signature	Mail Tracking No.	Reg No.