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| St John Ambulance Anaphylaxis Training Application form |
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| To apply to undertake St John Ambulance Anaphylaxis training, please complete part A and email the form to your line manager and Budget Holder to complete Part B authorisation |
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| **Part A - Applicant details**  |
| Name of the Anaphylaxis training applicant: | Click or tap here to enter text.  |
| Staff / Student number: Click or tap here to enter text. | Phone number (work): Click or tap here to enter text. |
| Directorate / School / Centre / Business Area:  | Click or tap here to enter text. |
| Staff / Student Category: | Choose an item. |
| Work address: Click or tap here to enter text. |
| Queen’s Email address: Click or tap here to enter text. |
| **Part B - Authorisation – to be completed by the applicant’s line manager and budgetary approver** |
| Manager / Supervisor’s name: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Budgetary Approver:  | Click or tap here to enter text. |
| Signature of Budgetary Approver: Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Choose an item. |
| Authorisation [ ]  | I confirm that the above-named staff-member or student is a First Aider at Work and requires Anaphylaxis training. |
| Project Code Click or tap here to enter text. | Against which will be re-charged 100% of the cost of training to the trainee’s department.  |
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**To the line manager, please email the completed form to the University Safety Service at** **safety@qub.ac.uk**

**The Safety Service will reply to the applicant, copying in the line manager, to confirm receipt.**