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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**](mailto:safety@qub.ac.uk)

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