**First Aid Qualification Condition Clause (HS22) – Process template**

[Note: Service providers should retain a completed copy of this form for each educator as required]

*[Insert service provider logo etc]*

**Educator First Aid Qualification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Educator’s full name** | [insert name] | **First aid training**   * Booked * Completed | [insert date of training]  [insert date completed] |
| **Educator’s starting date at service** | [insert date] | **Parents informed** | Yes/No |
| **First aid knowledge assessed** | Yes/No  [insert date] | **First aid certificate copy received** | Yes/No |

* + 1. **Applying the first aid qualification condition clause (HS22)**

*The service provider licence holder should complete the following section when applying the first aid qualification condition clause (licensing criterion HS22):*

* 1. I, *[Name of service provider licence holder],* verify that access to first aid training for *[educator’s name]* is limited due to circumstances beyond my control, as defined the Ministry of Education’s HS22 operational guidelines.

*[Give the details of the circumstances that have limited the educator’s access to first aid training]*

* 1. *[Educator’s name]* was assessed for their existing first aid knowledge on *[date]* by *[name of assessor and position in service].*

*[Give detail of the means of assessment used to establish the level of first aid knowledge e.g. written questions, emergency scenarios and role plays, and/or workshops with a practical element]*

* 1. The first aid knowledge of *[educator’s name]* is such that I have no concerns about them placing children in their care while they wait to receive first aid training.

**OR**

The first aid knowledge of *[educator’s name]* is such that I will not place children in their care until they have attained a first aid qualification.

*[Delete the sentence that does not apply or modify to summarise the individual’s situation]*

* 1. While waiting for training, the extra support I have put in place for *[educator’s name]* includes:

*[Give detail about what was put in place to support the educator’s current first aid knowledge e.g. induction process, and coordinator visits and phone consultations surplus to those required by regulation 28(2)]*

* 1. *[Educator’s name]* is booked in for first aid training on *[date: day, month, year]* by *[name of first aid training provider]* in *[town/city]*.
  2. I have informed the parents of children in the care of *[educator’s name]*
     1. that *[educator’s name]* does not hold a first aid qualification
     2. the steps *[service provider]* has taken to ensure they can respond appropriately if accident, incident or illness occurs
     3. the date *[educator’s name]* will be first aid trained and qualified.

Signature:­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name and position:

* + 1. **Educator completion of first aid training**

*Complete the following section once the educator has completed their first aid training. Cross out the alternatives that do not apply:*

* 1. *[Full name of educator]* attended first aid training on [date] and completed/did not complete the course.
  2. I have/have not received a copy of the first aid certificate awarded to *[educator’s name].*
  3. The first aid certificate was achieved and a copy received within four months of *[educator’s name]*’s starting date at *[name of service provider]*, as defined in the Ministry of Education’s HS22 operational guidelines.

Signature:­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name and position: