**Thank you for your interest in booking a first aid session with the British Red Cross.**

Please complete this form **including signing**, and email back to us.

If you have any questions, please contact Hyacinth Lightbourne Adult Education Coordinator on: 0161 888 8902 / 07545 502079 or hyacinthlightbourne[@redcross.org.uk](mailto:rherring@redcross.org.uk)

**Details of your group**

|  |  |
| --- | --- |
| Contact name: |  |
| Group/organisation name: |  |
| Description of group/organisation: | Supporting homelessness and rough sleepers  Supporting those with issues around drug and alcohol usage  Helping adults (over 65’s) who are more likely to have trips and falls.  Other, please specify: |
| Organisation address: |  |
| Postcode: |  |
| Contact telephone: |  |
| Contact email: |  |

**Session details**

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred date(s) of session: | 1. | 2. | 3. |
| Preferred start and finish times of session: | *(As a guide, 5-7 skills can be covered in a 2 hour session)* | | |
| Number of attendees  (max 15 per educator): |  | | |
| Special requirements: | *(Please include details of any mobility issues or considerations for people with disabilities or learning difficulties)* | | |
| Contact on day of course: | Name: Tel: | | |

**Venue details**

|  |  |
| --- | --- |
| Venue address if different from above: | Postcode: |
| Additional detailed for finding the venue if necessary: |  |
| Area for practical activities available? |  |
| Parking available? | Car park/ street Charged/ free  Suggestion on where best to park: |
| Equipment & facilities available | Computer and projector/screen: Yes/ No Internet connection: Yes/No Flipchart: Yes/No Pens: Yes/No Paper: Yes/No Toilets/Kitchen |

**Safeguarding**

|  |  |
| --- | --- |
| Your organisation’s safeguarding officer name and contact details: |  |

**Information**

* We request that a member of your staff is present for the course. If a member of the group gets upset during the training, they will be able to leave the room so that the session can continue.
* The area should be suitable for carrying out the training. It should have enough space for the educator and attendees to be safe to complete all activities. We ask that the area is risk assessed with no trip hazards, a clean floor etc.
* Before the session takes place, the British Red Cross coordinator must be informed of the resources available.
* Please inform the coordinator of the special educational needs of any of the group, and any changes to the number of people attending.
* The educator will follow the British Red Cross’ safeguarding policy. If there are any safeguarding issues, we will inform the British Red Cross safeguarding officer.
* The venue must have employer’s liability insurance.
* Participants must be over 16 years old.
* During the session we ask for your support in completing our evaluation forms.

**Cancellations and changes**

Please give as much notice as possible of cancellations or changes. Contact the coordinator in the first instance, if unsuccessful please call the Crisis Education Support Centre on 0344 412 2734.

**For our information:**

**Where did you hear about these sessions?**

|  |  |  |  |
| --- | --- | --- | --- |
| I received a call from the British Red Cross | I received a letter from the British Red Cross | At a conference or networking event | Other  Please specify below: |
| I received a flier from the British Red Cross | Word of mouth | I received an email from the British Red Cross |

**Please sign (electronically) to confirm that you have read this document and that you are happy for us to use these details to support us to deliver the education sessions, and for our monitoring.**

**Signature:**

**Name:**

**Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Group** | | | **Learner Type (e.g. Carers)** | | | |
| **Who are the learners helping?** | | |  | | | |
| **What area are they in?** | | |
| **Please indicate what skills will we teach this group?** | | | | | | |
| **Decision based on** | **Experience of organisation** |  | |  |  |  |
| Unconscious Breathing |  |  | |  |  |  |
| Unconscious not breathing |  |  | |  |  |  |
| Unconscious + AED |  |  | |  |  |  |
| Choking |  |  | |  |  |  |
| Bleeding heavily |  |  | |  |  |  |
| Burn |  |  | |  |  |  |
| Broken Bone |  |  | |  |  |  |
| Head Injury |  |  | |  |  |  |
| Sprain/Strain |  |  | |  |  |  |
| Heart Attack |  |  | |  |  |  |
| Stroke |  |  | |  |  |  |
| Seizure |  |  | |  |  |  |
| Diabetic Emergency |  |  | |  |  |  |
| Asthma Attack |  |  | |  |  |  |
| Allergic Reaction |  |  | |  |  |  |
| Taken something Harmful |  |  | |  |  |  |
| Hypothermia |  |  | |  |  |  |
| The list of skills. Approximate timings:  2 skills = 45 minutes 3 skills = 1 hour 4 skills = 1 ¼ hours 5 skills = 2 hours  If the workshop is two hours, we can usually deliver 5 skills. If we have not already chosen 5 skills through a conversation over the telephone, please pick extra skills from the list above. If we have already chosen skills together, please check them above.  Thank you. Please return this whole form to hyacinthlightbourne@redcross.org.uk | | | | | | |