



THE UNIVERSITY OF  
**NEWCASTLE**  
AUSTRALIA

## CONFIRMATION OF INDUCTION FORM FIRST AID OFFICERS

I have read the [First Aid](#) page and [First Aid Guideline](#) .

I understand it is my responsibility to offer First Aid as required within the scope of my training, and

I agree to notify Health & Safety if I:

- change my University contact details;
- relocate to another building;
- leave the University for more than four weeks;
- no longer wish to be a First Aid Officer; or
- am no longer in charge of a First Aid Kit.

**My First Aid Certificate Number is:**

**AND**

**The expiry date is:**

**Name (please print):**

**Signature:**

**Date:**

As a First Aid Officer you are entitled to be vaccinated against Hepatitis B. Please ring the nurse at the relevant Health Service to make an appointment for your injections:

Callaghan Health Services Phone: 492 16000

Ourimbah Health Services Phone: 434 84060

**Please tick the following that is applicable to you:**

- I have been vaccinated against Hepatitis B and successfully seroconverted.
- I require to be vaccinated against Hepatitis B.
- I do not wish to be vaccinated against Hepatitis B.

On completion, please forward this form and a copy of your First Aid Certificate to the Health &

Safety Team at **Fax:** 492 15935, **Email** [HealthandSafety@newcastle.edu.au](mailto:HealthandSafety@newcastle.edu.au) or

**Internal Mail:** Health & Safety Team, Human Resource Services, The Chancellery