



TRAINER APPLICATION FORM 13

Revised December 2006

To be completed in conjunction with Standard Operating Procedure – SOP 86

POSITION DETAILS

I am applying to be a (please tick appropriate boxes):

- Operations Branch Volunteer Trainer
- Sessional Trainer (casual up to 4-days per week)
- Sessional Trainer (occasional class)
- Workplace/School Specific Trainer

PERSONAL DETAILS

Given Name(s)	Surname
Preferred Title	Date of Birth
Residential Address	
	Postcode
Postal Address	
	Postcode
Home Phone	Work Phone
Mobile	Fax Number
Email	
Are you currently a member of St. John Operations Branch? <input type="radio"/> Yes <input type="radio"/> No	
Division	Member ID
Region:	

EDUCATION

Secondary

Highest Level	Year Completed
---------------	----------------

Tertiary

Qualification	Year Completed
Qualification	Year Completed
Qualification	Year Completed
Assessment & Workplace Training Trainer BSZ40198 <input type="radio"/> Yes <input type="radio"/> No	
Pre-requisite: The applicant must hold an Assessment & Workplace Training Certificate IV.	
Languages Spoken (other than English)	

FIRST AID QUALIFICATIONS

<i>First Aid Course</i>	<i>Provider</i>	<i>Date Completed</i>
Advanced First Aid		
Occupational First Aid		

INSTRUCTOR COMPETENCIES

Please give details of trainer accreditation held with other training providers

PRACTICAL FIRST AID EXPERIENCE

Three year Operations Branch efficiency?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any practical first aid experience?	<input type="radio"/> Yes	<input type="radio"/> No (if yes please give details)
Please provide details of any relevant specialist experience (eg. health care professional, industry or community specific professional)		
Nurse: Division 1	<input type="radio"/> Yes	<input type="radio"/> No
Nurse: Division 2	<input type="radio"/> Yes	<input type="radio"/> No
Ambulance Paramedic	<input type="radio"/> Yes	<input type="radio"/> No
Mica Paramedic	<input type="radio"/> Yes	<input type="radio"/> No
Medical Practitioner	<input type="radio"/> Yes	<input type="radio"/> No

EMPLOYER DETAILS (Workplace Trainers Only)

Current Employer	
Address	
	Postcode
Position/Job Title	

REFEREES (New Members & Commercial Training Only)

<i>Name</i>	<i>Position Held</i>	<i>Contact Number</i>

Operations Branch Internal Qualifications Attained

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Skills Maintenance Program Trainer |
| <input type="checkbox"/> | First Responder Trainer <input type="checkbox"/> Assistant First Responder Trainer |
| <input type="checkbox"/> | Asthma Management Trainer (Operations Accreditation) |
| <input type="checkbox"/> | Family Care at Home |
| <input type="checkbox"/> | SAED Short Course (National Course) |
| <input type="checkbox"/> | Senior First Aid Trainer (for training Cadets to Senior First Aid Certificate level) |
| <input type="checkbox"/> | Preliminary First Aid |
| <input type="checkbox"/> | Advanced Resuscitation (National 1-day course) |
| <input type="checkbox"/> | Other Please Specify _____ |

Emergency Management Course Trainer (courses attached to Management Training Phases)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Establish a Command Post (part of Phase 1) |
| <input type="checkbox"/> | Overview of Medical Response Plan (part of Phase 3) |
| <input type="checkbox"/> | Introduction to Major Event Management (part of Phase 3) |
| <input type="checkbox"/> | Duty Management for Regional Officers (part of Phase 4) |
| <input type="checkbox"/> | How to Manage a Major Event (external course to Phase 4) |
| <input type="checkbox"/> | How to Manage an Emergency Response (external course to Phase 3) |

Pre-requisite: The applicant must currently be appointed as a Regional Operations Officer or Regional Emergency Management Officer.

Management Training Phase One (NCO and Gr. 6 Officers)

- | | | | |
|--------------------------|--|--------------------------|------------------------------|
| <input type="checkbox"/> | Drill, Uniform & Ceremony | <input type="checkbox"/> | Youth Introduction |
| <input type="checkbox"/> | Sexual Harassment | <input type="checkbox"/> | Child Protection |
| <input type="checkbox"/> | Peer Support | <input type="checkbox"/> | Organisational Structure |
| <input type="checkbox"/> | History of St John | <input type="checkbox"/> | Cadets on Duty |
| <input type="checkbox"/> | Competition Awareness | <input type="checkbox"/> | Occupational Health & Safety |
| <input type="checkbox"/> | Leadership 1 | <input type="checkbox"/> | Communication |
| <input type="checkbox"/> | Roles & Responsibilities (NCO's to Gr. 6 Officers) | | |

Management Training Phase Two (Youth Officers)

- | | | | |
|--------------------------|------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Communication | <input type="checkbox"/> | Administration – Youth |
| <input type="checkbox"/> | Recruitment & Retention | <input type="checkbox"/> | Program Planning |
| <input type="checkbox"/> | Leadership 2 | <input type="checkbox"/> | VYDP (overview) |
| <input type="checkbox"/> | Youth Leadership Course (overview) | <input type="checkbox"/> | Duke of Edinburgh (overview) |
| <input type="checkbox"/> | Camping | <input type="checkbox"/> | Roles & Responsibilities – Youth Officers |

Management Training Phase Three (Adult & Combined Division Officers)

- | | | | |
|--------------------------|---|--------------------------|-------------------|
| <input type="checkbox"/> | Administration (forms) | <input type="checkbox"/> | Program Planning |
| <input type="checkbox"/> | Recruitment & Retention | <input type="checkbox"/> | Managing Meetings |
| <input type="checkbox"/> | Leadership 3 | <input type="checkbox"/> | Motivation |
| <input type="checkbox"/> | Roles & Responsibilities (Adult/Combined Division Officers) | | |

Management Training Phase Four (Regional Officers)

- | | | | |
|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | Administration (Regional) | <input type="checkbox"/> | Selection & Induction |
| <input type="checkbox"/> | Conflict Resolution | <input type="checkbox"/> | Vehicle Standards |
| <input type="checkbox"/> | Standards & Quality Assurance review | | |
| <input type="checkbox"/> | Roles & Responsibilities (Regional Officers) | | |

Youth Leadership Course Trainer

Management Training Phase Five (Health Care Professionals)

Infection Control Casualty Reports
 Roles & Responsibilities (HCP)

Communications Service Trainer

Level One – Radio Operator
 Level Two – Radio Operator
 Level Three – Radio Operator

Pre-requisite to apply for accreditation as a Trainer of this course is Level 3 Communications Operator.

Information Technology

Computer Users Divisional IT Coordinator's Course
 St John Database Introduction to Microsoft Office
 Web Design

Competition courses

Competition Management

Pre-requisites to apply for accreditation as a Trainer of the Competition Management course is successful completion of the Adjudicator and Competition Management Course and relevant competition experience.

Adjudicator Training

Pre-requisites to apply for accreditation as a Trainer of the Competition Management course is successful completion of the Adjudicator Training Course and relevant competition experience.

IMPORTANT INFORMATION

To meet the demands of first aid training for the community, there is no guarantee of the number of hours of work or the number of classes to be conducted by sessional employees.

This application is not valid without the attachment of certified copies of all certificates and supportive documents. All photocopies must be certified true copies.

STATEMENT TO BE SIGNED

The position of Trainer involves kneeling, stooping, bending, lifting and carrying.
I am able to perform these duties? Yes No

I acknowledge and agree that if I am accepted as a St John Ambulance Australia (Vic) Trainer:

- I will fulfil the criteria of a St John Ambulance Australia (Victoria) Trainer
- I will maintain efficiency according to the Operations Services Regulations
- I will maintain contemporary standards of knowledge and skills in the area of accreditation
- I understand that if at any time I do not meet the criteria my accreditation may be revoked or not renewed.
- The accreditation is a for a one year period

Date: _____

Signed: _____

Please return this form along with copies of all certificates and supportive documents to:
Training Co-Ordinator
St John Ambulance Australia (Victoria)
PO Box 573
Mt Waverley VIC 3149

**OFFICE USE ONLY
(OPERATIONS BRANCH- Co-ordinator Education and Member Development)**

Date received: _____ **By Whom:** _____
Position: _____

Recommendation for accreditation:

Signed: _____ Position: _____

Date: _____

Accreditation Approved: _____
Coordinator, Education & Member Development Team

Date: _____

Certificate printed & sent by whom: _____ Date: _____

OFFICE USE ONLY – COMMERCIAL TRAINING

Date received: _____ By Whom: _____

Recommendation for accreditation:

Signed: _____ Position: _____

Date: _____

Accreditation Approved: _____ Date: _____
Principal Trainer

Certificate printed & sent by whom: _____ Date: _____