Attestation of First Aid knowledge

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| --- | --- | --- | --- |
| **Educator’s full name** | [insert name] | Date First Aid certificate expired | [insert date of expiry] |

* 1. *[Educator’s name]* was assessed for their existing first aid knowledge on *[date]* by *[name of assessor and position in service].*
	2. The first aid knowledge of *[educator’s name]* is such that I have no concerns about them being able to provide first aid in our centre while we wait for refresher training.

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Signature of person assessing Date

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Attestation of First Aid knowledge

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Signature of person assessing Date