



External first aid information

About this form

To help support the verification of your external first aid course and / or professional training, please fill in as much of this form as you can.

If you have been awarded a **3 year certificate**, then you should be uploading this information in the **External first aid (3 year)** area of the learning platform.

If you have been awarded a **1 year certificate**, for example for you a doctor, nurse or other health care professional with in-date training such as BLS, ILS or ALS, you should be uploading this information in the **External first aid (1 year)** area of the learning platform.

Our verifiers may need to contact you to check when it is unclear if all elements of the syllabus have been covered or if there is something missing. They can do this directly through the learning platform where you will receive a notification email to the email you have registered on the learning platform. However, sometimes it might be easier to contact you through phone or email directly.

Name :	
Membership Number:	
Name of external provider for your course:	
Course length (hours):	
Link to course website / syllabus information:	
Phone / email :	
<u>Medical professionals only:</u> please provide your Registration number/Pin and confirm which Council this is with (NMC, GMC or HCPC	

You can now use the table below to match your course / training to the current Girlguiding 1st Response syllabus. Please tick **YES** if this element was included in your course / training and **NO** if it was not. If it has not been included in your course / training our first aid verifiers will work with you to cover the remaining elements.

1st Response syllabus

You must have demonstrated elements marked with ** practically on your course (although those who are not able to do this may instruct others in doing the skill).

	YES	NO	Session in 1 st Response Course
Life Support			
Approach and assessment **	<input type="checkbox"/>	<input type="checkbox"/>	1
CPR for an adult **	<input type="checkbox"/>	<input type="checkbox"/>	1
CPR for a child **	<input type="checkbox"/>	<input type="checkbox"/>	1
Use of AED (automated external defibrillator) **	<input type="checkbox"/>	<input type="checkbox"/>	1
Choking	<input type="checkbox"/>	<input type="checkbox"/>	1
Causes and level of unresponsiveness	<input type="checkbox"/>	<input type="checkbox"/>	1
Recovery /safe airway position **	<input type="checkbox"/>	<input type="checkbox"/>	1
Trauma and injury			
Shock	<input type="checkbox"/>	<input type="checkbox"/>	2
Bleeding* (inc tourniquets)	<input type="checkbox"/>	<input type="checkbox"/>	2
Fractures and sprains (including spinal injuries)	<input type="checkbox"/>	<input type="checkbox"/>	2
Ticks	<input type="checkbox"/>	<input type="checkbox"/>	2
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	2
Dental incidents	<input type="checkbox"/>	<input type="checkbox"/>	2
Burns (including chemical and sunburn)	<input type="checkbox"/>	<input type="checkbox"/>	2
Major illness			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	3
Anaphylaxis *	<input type="checkbox"/>	<input type="checkbox"/>	3
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	3
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	3
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	3
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	3
Sepsis/Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	3

External first aid information

If you *partially* covered any of the syllabus above (eg: bleeding without tourniquets) please provide more information below:

Remember to upload a copy of your most recent and in-date certificate or screenshot confirmation of any course completion alongside this form.