

Application to use the IOL Aligned Course Badge

To obtain the IOL Aligned First Aid Course badge complete and sign this self-declaration.

The Institute will check the course content is aligned and send a high-resolution image.





There is no charge for this service.

| Organisation name: | | | | | | | |
|--|--------------------|--|---|------------|---|--|--|
| IOL Membership number: | | | | (optional) | | | |
| Contact name | | | | | | | |
| Contact email | | | | | | | |
| Contact phone | | | | | | | |
| Aligned Course Details | | | | | | | |
| Name of training course | | | | Band | | | |
| I declare that the content of the above course meets or exceeds the requirements of <u>SECTIONS 2, 3 and 4</u> of the IOL Statement of Good Practice on Outdoor First Aid Training. | | | | | | | |
| I have attached a copy of our course scheme of work (programme) showing content covered and training hours. | | | | | | | |
| I declare that the trainers / assessors delivering this course meet or exceed the requirements of <u>SECTION 5, 6 and 7</u> of the IOL Statement of Good Practice on Outdoor First Aid Training. | | | | | | | |
| I have attached details of the qualifications we require from trainers / assessors. | | | | | | | |
| Signature: | | | | | | | |
| Date: | | | | | | | |
| _ | oses of administer | and course title to be listed ing this application only. IOL may or poses. | • | _ | _ | | |