First Aid Trainer Course
Evidence collector application form

Personal information

First and last name	
Email address	
Mobile phone number	
Address	

Professional information

Private Training Establishment (PTE) you work for	
PTE Education Organisation Number	
Current role in the PTE	
Number of years worked as a first aid trainer	
Number of years conducting training and professional development of first aid trainers	

Declaration of accuracy of professional information

I, _____ (print name), confirm that this information is correct.

Role in PTE listed above (must be Director or CEO): _____

Signature: _____

Relevant history

Have you had any failed external post-assessment moderation in the last three years?

☐ No ☐ Yes If yes, please provide detailed information on back page

Have there been student complaints to NZQA about your training, assessment, or conduct?

☐ No ☐ Yes If yes, please provide detailed information on back page

Declaration

☐ I understand that the evidence collector role is voluntary with no financial or non-financial reward.

☐ I understand that I must make myself available for a reasonable number of assessments of first aid trainers, both inside and outside my PTE. I understand that if I repeatedly decline requests for candidates outside my PTE, my evidence collector status may be revoked.

☐ I have access to the required equipment for practical assessments: Choking infant manikin, QCPR adult and child and infant manikin with tablet/iPad, approved Trainer AED

☐ I declare that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

For AECTP use only

Application received (date): _____

Approved: ☐ Yes ☐ No Approved by (select one): Board meeting / _____ Date: _____