

CARE-SURE APPLICATION FORM

*Malpractice, Public and Products Liability Insurance for
First Aid and Defibrillation Trainers/ Assessors and Practitioners of First Aid*

Full Name: (Mr/Mrs/Miss/Ms/Other) <i>(Please print)</i>	
Address:	
Tel No:	Email:

Occupation:	
Main: Activities for which cover required: <i>Please specify</i>	Part-Time:
First Aid at work including:	
A. 'Good Samaritan Acts'	YES / NO
B. First Aid Practitioner at 'Events'	YES / NO
C. Defibrillation Equipment	YES / NO
D. Portable Oxygen	YES / NO
E. Training & Instruction	YES / NO
F. Other types of Training <i>Please specify</i>	YES / NO

Your First Aid Training and Experience	
How long have you been practising as a First Aider?	
Have you any qualifications? <i>Please attach relevant copy certificates</i>	
Are you involved with the training of First Aiders?	
How long have you been teaching?	
Do you attend workshops and/or in-service training events days and keep your training up-to-date?	
Have you undertaken any formal training?	
Who conducted this?	

Have you had a similar Indemnity insurance before? <i>Please give details</i>	YES / NO
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Name of policy or scheme
Name of Insurer underwriting this cover
When did/does the cover provided for you by this policy/scheme expire?

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Have you had any claims made against you or incidents that would give rise to a claim under this policy during the last 5 years as a result of any negligence or error or omission arising out of your business or are you aware of any circumstances that may result in any such claim being made against you? <i>If Yes, please provide details</i>	YES / NO
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Have you ever been convicted of or charged/but not yet tried/with a criminal offence other than a motoring offence? <i>If Yes, please provide full details and dates.</i>	YES / NO
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Can you provide references from any of the following if required? <i>(Please tick)</i> 1. Employers' Personnel or HR Officer 2. Training Body Representative : Steve Best 3. Other qualified Trainer or First Aid Instructor.

Option (1) £75.00 YES / NO

I wish to apply for general first aid practice and assessment including my own First Aid activity in terms of both 'Good Samaritan Acts' and as a designated First Aid Professional

Option (2) £115.00 YES / NO

As option (1) but also to include First Aid Practitioner at 'Events'

Option (3) £140.00 YES / NO

As option (2) but also to include full Professional Indemnity as a First Aid Instructor.

Such cover, will include advice given to provide indemnity against accusations of poor or inadequate teaching.

Option (4) £189.00 YES / NO

As option (3) but also to include Health & Safety Training*

*** income from this work must not exceed 30% of your total income, otherwise refer**

Optional extras: Defibrillation Equipment (£5.00) & Portable Oxygen (£5.00) subject to evidence of appropriate qualifying certificates

Declaration

- I declare that to the best of my knowledge and belief the answers given are true and complete.
- I agree that the information provided on this Application Form and any information supplied by me shall be incorporated in and form part of the insurance contract.

Signature of Proposer..... **Date of Signing**

Please reply to:

NUCO Training Ltd
Endeavour House, Central Treviscoe, St Austell PL26 7QP
Tel: 08456 444999 E : enquiries@nucotraining.com W: www.nucotraining.com