



British Heart
Foundation

HEARTSTART

Training a nation
of life savers

TRAINING SUPERVISOR

Thank you for offering to be the Training Supervisor for a Heartstart Schools Programme or Community Scheme.

It's a condition of affiliation that all schemes must have a Training Supervisor, approved by the British Heart Foundation (BHF), who is suitably qualified and experienced to train, assess, and support Instructors.

The Training Supervisor is responsible for:

- training and assessing the scheme's Instructors
- acting as an advisor on life saving skills training
- overseeing the quality of life saving skills training, in line with the Resuscitation Council (UK) Guidelines.

Please complete the relevant parts of this form. If you need more information please ask the Programme Coordinator (if you're a Heartstart School) or Scheme Coordinator (if you're a Heartstart Community Scheme) for a copy of the Heartstart toolkit.

You can also use this form to nominate a Deputy Training Supervisor.

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Existing Training Supervisor

Please complete sections 1 – 3

New Training Supervisor

Please complete all sections including the declaration (section 11).

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What to do with this form

Please return your completed form to your Programme or Scheme Coordinator. He or she must return this form to the BHF.

1. Scheme details

Scheme or School name

Address

Postcode

Type of school (if relevant) – Primary/ Secondary/ Independent/ Special Needs

2. Training Supervisor details

Your personal details

Name

Address

Postcode

Mobile phone

Email

3. Your current Training Supervisor work

Please tell us if you are a Training Supervisor for any other Heartstart Schools Programmes or Heartstart Community Schemes.

Are you currently a Training Supervisor for:

One or more Heartstart Schools?

yes/no

One or more Heartstart Community Schemes?

yes/no

If you answered 'yes' to either question go to Section 11

4. Professional experience

Are you a healthcare professional?

yes/no

If you answered 'yes' please tell us your:

specialty

registered qualification

registration expiry date

Are you a teaching professional?

yes/no

If you answered 'yes' please tell us your:

specialty

teaching qualifications

teaching certificate

teaching certificate expiry date

Are you a member of the emergency services?

yes/no

If you answered 'yes' please tell us your:

service

And, if applicable, your:

certification details

certificate expiry date

Are you a First Aid Instructor?

yes/no

If you answered 'yes' please tell us your:

certification details

certificate expiry date

Do you have a current first aid certificate?

yes/no

If you answered 'yes' please tell us your:

certification details

certificate expiry date

5. Do you have experience in resuscitation practice?

Do you have a current basic life support (BLS) certificate?

yes/no

If you answered 'yes' please tell us your:

certification details

certificate expiry date

Do you have a current intermediate life support (ILS) certificate?

yes/no

If you answered 'yes' please tell us your:

certification details

certificate expiry date

Do you have a current advanced life support (ALS) certificate?

yes/no

If you answered 'yes' please tell us your:

certification details

certificate expiry date

Do you have resuscitation teaching experience?

yes/no

If you answered 'yes' please tell us about it, e.g. at what level, how often you teach it:

Please continue on a separate sheet if necessary

Do you have any involvement in the assessment of resuscitation training?

yes/no

If you answered 'yes' please tell us about your involvement:

Please continue on a separate sheet if necessary

6. Do you have any other teaching experience?

yes/no

If you answered 'yes' please tell us about your experience noting what you teach and how often you teach it:

Please continue on a separate sheet if necessary

7. Referees

Please provide details of two referees who we may contact to confirm your qualifications and experience.

Referee 1

Name

Position

Address

Postcode

Telephone

Email

Referee 2

Name

Position

Address

Postcode

Telephone

Email

8. Signatures

Nominated Training Supervisor or Deputy Training Supervisor

I confirm that, if approved by the BHF, I will assume the role of Training Supervisor for the school/scheme named in section 1. I also confirm that the information provided on this form is true and accurate to the best of my knowledge.

Name (please print)

Signature

Date

Scheme Director or Coordinator

Name (please print)

Signature

Date
