

HEARTSTART SCHOOLS

Reaffiliation Application Form

The British Heart Foundation (BHF) Heartstart team would like to thank you for all the hard work and dedication that you've put into your Heartstart Schools Programme.

You – and schools like yours – are providing a vital service to your community by continuing to train a new generation of young life-savers.

Your reaffiliation is important to us, because it keeps us up-to-date on the details of your programme and how it's developed over the past year. Please ensure you've read the following documents before you fill in this form:

- The Guidelines for Affiliated Schools.
- The Heartstart School Guidance on Health and Safety.

Current versions of the documents are included in your Reaffiliation Pack, as well as the Training Supervisor Nomination and Instructors Assessment Forms.

If your Training Supervisor has changed since you became affiliated or since your previous reaffiliation please ask him or her to complete the relevant form.

What to do with this form:

This form should be completed by the Programme Coordinator in black ink, signed by the Head Teacher, and returned to the relevant BHF Heartstart Office:

England and Wales (excluding Northern England)*

Heartstart Office
British Heart Foundation
Greater London House
180 Hampstead Road
London NW1 7AW

Tel: **020 7554 0353**
Email: heartstart@bhf.org.uk

Scotland, Northern Ireland and Northern England*

Heartstart Office
British Heart Foundation
Ocean Point One
94 Ocean Drive
Edinburgh EH6 6JH

Tel: **0131 554 6953**
Email: heartstart-edin@bhf.org.uk

* including Tyne and Wear, Cleveland, Cumbria, Durham, Yorkshire, Cheshire, Merseyside, Greater Manchester, and Isle of Man.

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School and team details

School

School name

School address

Postcode

Programme Coordinator

Name

Address

Postcode

Phone

Email

Deputy Programme Coordinator

Name

Phone

Email

Training Supervisor

Name

Address

Postcode

Phone

Email

Has your Training Supervisor changed since you affiliated/reaffiliated last year?

yes no

If you answered 'yes' please ask your new Training Supervisor to complete a copy of the Training Supervisor Nomination Form.

2

Emergency life support training

How many pupils has your school trained in the last year?*

(* from 1 August – 31 July)

Number of pupils who attended the Heartstart Course

Please also include pupils who only completed one or two levels of the Staged/age-related Programme

How many Instructors (usually teachers) does your school currently have?

Number of Instructors

3

Personal information

The information you provide on this form will be used by the BHF for administration purposes and to provide you with services, products and any information that you have requested.

We greatly value your support and would like to keep you informed about our vital work and activities. To do this, we may contact you by phone, email or post. Please tick the box if you would prefer **not** to hear from the BHF in this way.

We may want to share information with other organisations that are in partnership with the BHF and who support our aims and objectives. Please tick the box if you would prefer us **not** to share your details.

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Declaration

The school confirms that it will adopt and adhere to:

- the Guidelines for Affiliated Schools (and any future updated versions released by the BHF)
- the terms specified in the Heartstart Insurance Policy Cover (and any future updated versions released by the BHF)
- the current Guidance on Health and Safety (and any future updated versions released by the BHF).

The school confirms that the information contained in this application is true and accurate to the best of our knowledge.

Head Teacher

Name (please print)

Signature

Date