

Facilitator Application.

This form is to be completed by each facilitator who will provide the accredited lifestyle modification program.

Facilitators who satisfy core competencies for lifestyle modification program facilitators provided in the draft standards for lifestyle modification programs for people at risk of type 2 diabetes will be eligible to provide the lifestyle modification program.

Name of lifestyle modification program _____

Facilitator name _____

Facilitator qualification _____
(Please attach evidence)

Please nominate the state, postcodes and divisions where you will provide services.

State: _____ Postcodes: _____

Divisions: _____

_____ This information can be
obtained from: <http://www.agpn.com.au/site/index.cfm?module=DIVISION>

I give consent for my personal information to be provided to the Divisions of General Practice network for administrative purposes.

Signature _____ Date ___/___/___

First Aid Certificate

At each program session, a person with a current first aid certificate, or the capacity to provide assistance to at least first aid standard, will be available to provide assistance if needed.

NB: Please ensure that you have attached a copy of your current first aid certificate.

4. If you do not have a current first aid certificate, please explain how you have the capacity to provide assistance to at least first aid standard, or indicate that another person who is able to provide assistance will be present.

Example: *With my nursing background, I am able to provide assistance to at least a first aid standard.*

OR

Example: *I do not have capacity to provide first aid, however I agree to ensure that a person who has the capacity to provide assistance to at least first aid standard will be present when I am facilitating the program.*
