



Becoming an Enhance Training Centre

As an existing HSE First Aid Instructor you are eligible to register with Enhance to become one of our training centres this enables you to deliver HSE courses under our licence.

We offer a price beat guarantee for all existing Instructors wishing to register with Enhance to provide HSE certificated courses to your clients.

Why should I register as an Enhance Training Centre ?

- ❑ **No fee** to register as an Enhance Training Centre
- ❑ **No fee** to register your HSE courses with Enhance
- ❑ **No annual fee** to renew Instructor status
(Providing you are teaching and certificating at least 24 hours per annum with us)
- ❑ **PowerPoint presentations** for the courses you are registered to deliver through us
- ❑ **Advertise your courses on our website** – regularly number one on google searches
(Providing you have registered and will be certificating the course through Enhance)
- ❑ **Quarterly newsletter** – to keep you up to date with any industry changes
- ❑ **Register your own assessors with us** – we recognise most Instructor qualifications
- ❑ **Priority turnaround on certificates** – posted back to you within 48 hours of receipt
(Providing payment has been received by Enhance)
- ❑ Office hours e-mail / telephone support and guidance

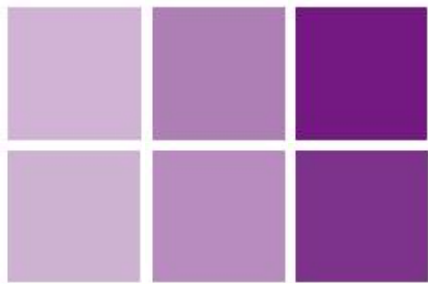
All of our registered training centres will receive a handbook to guide you through the process of registering / running and certificating courses through Enhance.

Please contact Emma to discuss this unique opportunity further, or simply complete the application below and return along with copies of relevant paperwork to become registered and start receiving the benefits immediately.

We look forward to working with you !



enhance
services limited



For all your Training Needs

Registered Training Centre Application

Centre /Main Instructor Name	
Centre / Main Instructor Address	
Address	
Town	
County	
Post Code	
Email address	
Website	
Telephone number	
Fax number	

Courses you wish to deliver	
HSE First Aid at Work	
HSE First Aid at Work Requalification	
Appointed Person (Workplace / Sports / Schools)	
12 Hour Paediatric First Aid	
Other (please specify)	

Invoice Address (if different from above)	
Address	
Town	
County	
Post Code	
Email address	
Website	
Telephone number	
Fax number	

Additional Instructor / Assessor Name	
Additional Instructor Address	
Address	
Town	
County	
Post Code	
Email address	
Website	
Telephone number	
Fax number	

Please continue on an additional sheet if necessary.

Centre Contacts	
Head of Centre	
Name	
Email address	
Telephone number	
Fax number	
Payments and Finance Officer (if different from above)	
Name	
Email address	
Telephone number	
Fax number	

College	School	
Independent School/College	Special Needs School/College	
Hospital/Health Service	Club	
Prison service	H.E. Institution	
Community based provider	Council institution	
MOD Centre	F.E. College	
Adult/Community provider	Training Provider	
Voluntary organisation/Charity	Other (please specify)	

Please indicate if you or your company has ever been refused or had recognition withdrawn by another HSE training centre (delete as appropriate)	Yes / No
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If yes, please complete the following details:	
Reason for withdrawal/refusal	
Date of withdrawal/refusal (dd/mm/yyyy)	

Name of Training Centre involved	
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Please indicate, by ticking the appropriate boxes, if the centre is involved with any quality assurance programme, or subject to any inspection programme, in terms of its management systems (i.e. not qualification-specific)

IIP (Investors in People) - date and result of last visit	
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ISO (International Organisation for Standardisation) - date and result of last visit	
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Other - please specify	
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On behalf of my centre:

I declare that the information provided in this application is accurate and that all of the details given are, to the best of my knowledge, correct.	
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I confirm that I /the registered centre will complete all required paperwork and return to Enhance to receive certification.	
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I commit to complying with all current resuscitation guidelines.	
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I enclose copies of all cv's and qualifications for all registered Instructors / Assessors.	
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I accept that if this application is accepted it will form part of the agreement between the registered centre and the Enhance.	
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I agree to provide Enhance with access to premises, people and records as required, and to co-operate with the Enhance QA monitoring activities.	
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I accept that if my company / Instructors defaults on the commitments made in this application it may lead to the removal of our recognition status.	
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I understand that we must supply Enhance with a copy of training materials if the recommended reading is not used.	
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Signature of Head of Centre / Instructor
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Printed name of Head of Centre / Instructor

Date

Please send completed form back to the address at the bottom of this form along with copies of all cv's and relevant qualifications.