



# BCU COACHING SERVICE

## BCUNA COACHING AWARDS SCHEDULE

This form must be completed and returned to BCUNA within 7 days of the course completion date, regardless of whether the course runs.

Name of Course Provider.....Provider #.....

Course Director ..... BCU #.....

Course..... Date.....

Venue:..... Course Reference #.....

Course Cancelled / Postponed  Signature of Course Provider.....

Course ran on authorised dates  Candidates detailed below (delete as applicable).

The Course Provider must tick the appropriate boxes to indicate that evidence of pre-requisites have been seen.

BCU #	Name	First Aid Skill	First Aid expiry date	CPR expiry date	Appropriate Safety Test	Training	Recommendation Please Specify
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended
		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Not Recommended

**Verification Signatures** - The Course Provider and all Assessors must sign below

Course Provider/  
Assessor 1 ..... BCU #.....

Assessor 2 ..... BCU #.....

Assessor 3 ..... BCU #.....

Assessor 4 ..... BCU #.....