



# First aid centre declaration

I confirm that I have read the HSE Minimum Standards for Delivery of Emergency First Aid, and that I will comply with the standards therein.

Signature:

Print name:

Date:

Centre number:

Centre name:

Please return the completed form to:

**Customer Services (Registrations)**  
Chartered Institute of Environmental Health  
Chadwick Court, 15 Hatfields, London SE1 8DJ

Fax: **020 7803 0643**

Please contact Customer Services for queries regarding your registration:

Email: **customerservices@cieh.org**  
Telephone: **020 7827 5800**

Or visit: **www.cieh.org/training**