

**Rock: Level 1 Canyoning vertical**

Applicant Details:

Name:	Date of birth:
Scout Formation and Group:	Member number:
Email address:	Phone contact:

item	Skill	Date of demonstration	verifier initials
Age range	The candidate is of Scout age or above		
Pre-requ	The candidate meets all of the requirements of Level 1 Abseiling.  The candidate meets all of the requirements of Level 1 Canyoning Horizontal.	Attainment dates	
Equipment	Have knowledge of the basic rules for use and care of equipment, and demonstrate the correct care and maintenance of equipment.		
Navigat'n	Show an understanding of navigation skills necessary for this activity		
Weather	Show an understanding of the effect of weather conditions on this activity.		
Environment	Demonstrate an understanding of minimal impact practices applicable to this activity.		
Specific Skills	Complete a vertical canyon including at least two abseils as a member of a group including a suitably qualified adult leader.		
Emergencies	State at least five different situations in this activity that could be classified as an emergency and what you would do.		
First Aid	Demonstrate an understanding of: <ul style="list-style-type: none"> <li>a) The importance of checking for any danger to yourself and others.</li> <li>b) How to correctly check if a person is breathing.</li> <li>c) The common causes of a blocked airway and how to clear it.</li> <li>d) How to open an airway.</li> <li>e) How to control bleeding.</li> <li>f) Four uses of a triangular bandage.</li> <li>g) How to treat minor burns and scalds.</li> <li>h) How to treat a fracture of lower leg and arm.</li> <li>i) How to treat sunburn, hyperthermia (too hot) and hypothermia (too cold)</li> <li>j) Management of snakebite</li> <li>k) The dangers of confined spaces</li> <li>l) The risks and treatment of near drowning</li> </ul> OR		

item	Skill	Date of demonstration	verifier initials
	If over (and upon reaching) 15 years of age hold 'Apply first aid' (HLTFA301B) or equivalent. Type: _____ Number: _____	Expiry date	Certified Copy
Log Book	Log book sighted that shows the candidate is logging their experience.		

<p>I verify that all documentation and evidence given to support the above is true and correct. Candidate's Name: _____ signature: _____</p>	<p>I verify that the participant has demonstrated or provided evidence to demonstrate the above requirements. Level 3 verifier: name..... signature:..... Date:.....</p>
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**Approval and Administration:**

Regional Commissioner Activities Approval Signature ..... Date:.....			
Date recorded in Region Activity Meeting notes		Date MIS updated	
Signed copy returned to L3/candidate			