

Rock: Level 1 Caving 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 Rock Level 1 Caving Horizontal Rock Level 1 Abseiling	Attainment dates	
Equipment	Demonstrate the correct care, checking and maintenance of personal equipment, and if necessary, how to keep it dry.		
Navigat'n	Demonstrate the ability to competently interpret cave maps and navigate in cave systems.		
Weather	Demonstrate an understanding of the effects weather may have on this activity		
Environment	Demonstrate an understanding of minimal impact practices applicable to this activity.		
Specific Skills	Complete a vertical cave including at least an abseil, and a caving ladder climb, as a member of a group led by a suitably qualified adult leader. Discuss.		
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"> a) The importance of checking for any danger to yourself and others b) How to correctly check if a person is breathing c) The common causes of a blocked airway and how to clear it d) How to open an airway e) How to control bleeding f) Four uses of a triangular bandage g) How to treat minor burns and scalds 		

item	Skill	Date of demonstration	verifier initials
	h) How to treat a fracture of lower leg and arm i) How to treat hypothermia (too hot) and hypothermia (too cold) j) The dangers of confined spaces k) The dangers of foul air OR		
	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		

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