

Rock: Level 1 Canyoning horizontal

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 Bushwalking Day Walks.	Attainment date	
Equipment	Demonstrate an understanding of the personal equipment necessary for this activity and if necessary, how to keep it dry.		
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	<p>Prior to canyoning, discuss safety precautions applicable to canyons:</p> <ul style="list-style-type: none"> a) approaching a canyon b) The need for appropriate clothing and safety equipment c) The dangers of hypothermia and swimming in extremely cold water d) Know the rules of conservation and good behaviour applicable to canyoning e) Can swim and stay afloat or tread water for 5 minuted while clothed and wearing footwear. 		
Emergencies	State at least five different situations in this activity that could be classified as an emergency and what you would do.		

item	Skill	Date of demonstration	verifier initials
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. h) How to treat a fracture of lower leg and arm. i) How to treat sunburn, hyperthermia (too hot) and hypothermia (too cold) j) Management of snakebite k) The dangers of confined spaces l) The risks and treatment of near drowning 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:
---	---

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			