

Rock: Level 3 Canyoning.

Applicant Details:

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

| item | Skill | Date of demonstration | verifier initials |
|-------------|---|-----------------------|-------------------|
| Age range | Be 18 years of age or over | | |
| Pre-requ | The candidate meets all of the requirements for Rock Level 2 Canyoning –vertical. | Date attained | |
| P o l i c y | The candidate has a detailed knowledge of the Scouts NSW Adventurous Activity Policy. | | |
| R u l e s | Have a detailed knowledge of the Scouts NSW Adventurous Activity Rules relevant to the skill being assessed. | | |
| Environment | Demonstrate the implementation of minimal impact practices relevant to this activity. | | |
| Management | Prepare risk assessments relevant to the skill for two separate activities in two different locations. 1. 2. | | |
| | Under the direct supervision of 2 level 3's, plan and conduct two separate activities in two different locations involving novices. <i>Comments:</i> | | |
| training | Demonstrated capacity to deliver subject specific, small group instruction in a Scouting environment | | |
| First Aid | Hold current 'Apply first aid' (HLTFA301B) or equivalent. Type: _____ Number: _____ | Expiry date | Certified copy |
| Log Book | Logbook sighted, showing development of relevant skills, and include detailed trip reports for the two activities above. | | |

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

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 | | | |