

Rock: Level 1 Caving 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	Nil	Attainment date	
Equipment	Demonstrate understanding of the basic equipment necessary for caving trips: <ul style="list-style-type: none"> ▪ Clothing ▪ Shoes ▪ Helmet ▪ Multiple light sources First aid kit		
Navigat'n	Show an understanding of cave mapping and 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. Know the rules of conservation and good behaviour applicable to caving		
Specific Skills	Prior to caving, discuss safety precautions applicable to caving: <ul style="list-style-type: none"> ▪ Approaching a cave entrance ▪ The need for appropriate clothing and safety equipment ▪ Knowledge of standard communication conventions used in caving 		
	Understand cave formations and phenomena of caves.		
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: <ol 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. 		

item	Skill	Date of demonstration	verifier initials
	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) The dangers of confined spaces j) 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		Date MIS updated	
Activity Meeting notes			
Signed copy returned to L3/candidate			