

Rock: Level 1 Climbing .

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	Attainment date	
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	<p>Prior to climbing, demonstrate safety precautions applicable to top rope climbing including</p> <ul style="list-style-type: none"> ▪ Approaching cliffs ▪ Safe distance to cliff edge ▪ Knowledge of standard communication conventions used in climbing 		
	<p>Demonstrate thorough knowledge of:</p> <ul style="list-style-type: none"> ▪ Tape knot including tie offs ▪ Figure 8 on a bight ▪ Double fisherman's ▪ Prussic knot ▪ Alpine butterfly ▪ The correct fitting of a harness ▪ Clipping onto the climbing rope ▪ Checking the system and the importance of having a second person check the system ▪ A mock climb on flat ground ▪ Suitable protective clothing and equipment ▪ The importance of using appropriate equipment and ropes 		
	<p>Undertake a minimum of five top-rope climbs and demonstrate the following skills:</p> <ul style="list-style-type: none"> ▪ Manage a top brake belay for another climber 		

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	<ul style="list-style-type: none"> ▪ Braking process ▪ Lock off ▪ Lock off and remove yourself from the system 		
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. 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 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			