

Rock: Level 3 Caving.

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	Be 18 years of age or over		
Pre-requ	The candidate meets all of the requirements for Rock Level 2 Caving –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.		

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:.....

L3 expires Dec 2013

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			