



## Activity leader/assistant competence

Name \_\_\_\_\_

Category (circle one):      Teacher                                  Parent  
    Activity Leader                                  Assistant

**Skills/experience/qualifications:**

Qualification	Current	Not current	Notes (recent experience)
Car driver's licence			
Passenger service licence			
First aid certificate			Type: Valid until: Date lapsed:
Teacher registration			
Life saving certificate			Type: Valid Until: Date Lapsed:

**Instructor/coaching qualifications relevant to the activity (list below or attach):**

Qualification	Issued By	Notes
Experience	Please detail your experience in the outdoors	

**Swimming ability (please circle):**

- Can you swim 200m confidently and competently?                                  Yes / No
- Can you tread water for 3 minutes?    Yes / No
- Could you swim out in deep water and rescue a student?                                  Yes / No

**Other significant skills or experience relevant to the activity (list below, or attach):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_