



PACI

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2011/12 MEMBERSHIP APPLICATION FORM

ALL PACI MEMBERSHIPS EXPIRE AT MIDNIGHT ON 31ST MARCH EACH YEAR

OUTDOOR RECREATION

Initial application for PACI membership in outdoor recreation contexts

Please read carefully and complete all relevant sections.

All applicants are required to complete this application (including persons applying for Instructor Trainer)

Please enclose the following:

- Payment for your membership application (free for the first 12 months if you have successfully completed a PACI leader/guide or instructor assessment)
- Passport quality photo (electronic .jpg image in portrait orientation and taken against a white background)
Email to: processing@paci.com.au **Note: Face and neck in image area only - no hats or dark glasses**
- This Membership Application Form completed and signed (clearly and legibly)
- If you completed a formal course to become a leader or instructor, please ensure that your instructor attaches the signed Assessment Verification (AV) form with this application.
- If you are applying for RPL or you completed formal training through a different training agency, you are still required to complete the PACI AV form(s). In this case, you will complete & sign your own AV forms.
- Copy of your current first aid/CPR certificate

Instructors and Instructor Trainers applicants only

- 1 x Training Contract
 - Each paragraph read & initialled
 - Final page signed & witnessed

Instructor Trainers Only

- 1 x Instructor Trainer & Instructor Assessor Agreement
 - Page 1 all relevant details filled in and completed
 - Page 2 where appropriate, **read & initialled or ticked**
 - Page 3 read & signed

AV No. _____

Office use only

PACI membership No. _____

Office use only

1. Contact Details (please print clearly in ink)

Name: _____

Date of Birth: _____

Postal Address: _____

Phone (w) _____ (H) _____ (M) _____

Email: _____

Please write clearly and legibly - accurately use capitalisation where necessary

Privacy Statement:

PACI is committed to protecting your privacy in accordance with the Federal Privacy Act (1988) including the National Privacy Principles. PACI will not use or disclose any information collected about you other than for the purpose for which it has been provided. PACI will not use, sell or disclose your information for any other purpose without your consent unless required or authorised by law.

Do you want PACI to forward your contact & classifications details to enquiring customers? Y / N

Do you want PACI to forward your contact & skill level details to other PACI members? Y / N

2. Have you recently completed a leader/guide course or an instructor assessment with a PACI assessor?

Yes Who was your assessor? _____ Date assessed: _____
 No

3. Were you a past member of PACI?

Yes (please provide details)
i) PACI member No. _____
ii) Date originally joined: _____
iii) Level of membership (leader, instructor, etc)? _____
 No

4. Are you currently a member of an alternative climbing instructor association/organisation?

Yes _____ (name of organisation)

Note: If you answer 'yes' to this question, you must attach a copy of your certificate.

No

5. I wish to apply for PACI membership in the following status:

Note: If choosing 'current' status, you must be competent and current in your chosen range of endorsements (If you already purchased a PACI manual, please refer to section 5).

Current status (choose this option if your skills are current and you intend to work or instruct)

Inactive status (choose this option if you can prove that you achieved competency in various skills at a point in the past but are no longer current (you haven't maintained those skills). You can always refresh your skills and become current again in the future.

6. Are you applying for PACI membership via the Recognition of Prior Learning (RPL) pathway?

- Yes – an RPL fee will be charged (see price list on p22) – complete the template beginning Q10.
If you have completed training with an RTO/TAFE/University, please supply copies of your AQF certificates/qualifications.
- No – I have completed a formal assessment of my leadership and/or instructional skills (ie through an authorised PACI assessor)

7. What level of membership do you intend to join as? – Indicate one classification only

Note: You will be required to prove your competency. Competency means that you have proven capability in performing a particular skill (it includes subject matter knowledge associated with the particular skill). PACI has developed special *Assessment Verification (AV)* forms which enable us to map & document your claimed skills.

Indicate one membership level only:

Leader (L) – a leader can setup the activity site & conduct the activity but not assess skills for the purpose of issuing a qualification. Participants will be given just enough knowledge and skills so they can undertake the planned activity. This level of membership would be ideal if you want to take participants on an abseiling or climbing session –eg school groups, social groups, etc. There is no formal assessment with pass/fail criteria associated with these types of activities.

Complete & attach the following AV forms: (ensure that you only use outdoor recreation AV forms):

- 1 x leadership AV form

Instructor (I) – an instructor can deliver formal training and assess students for the purposes of issuing a nationally recognised qualification. This membership level would be ideal if you intend to impart knowledge and skills in a structured training program so that your students can act *independently* and *without supervision*. It implies that you would assess your students to determine if they are competent or not yet competent (ie fail). Instructors can also train and assess leaders/guides.

Complete & attach the following AV forms (ensure you use the form specific to the industry context):

- 1 x leadership AV form
 1 x Instructor AV form

Instructor Trainer (IT)* – an instructor trainer is able to teach other candidate instructors and prepare them for their assessment which is conducted only by a PACI appointed Instructor Assessor (IA). This membership level would be ideal if you intend to teach leaders/guides to become competent instructors (so they can in turn instruct others). You would need to have *considerable* teaching experience (at a high level) to contemplate this level of membership. Your application will be thoroughly assessed and cross-checked.

Complete & attach the following AV forms (ensure you use the form specific to the industry context):

- 1 x leadership AV form
 1 x Instructor AV form
 1 x Instructor Trainer AV form

Instructor Assessor (IA)* – This is a PACI appointed position only. Nominated instructor trainers are invited to apply on ‘as needs’ basis. Considerable knowledge, skill and experience is required – particularly of Australia’s national competency based training framework, AQTF 2007 standards, and PACI standards & procedures.

(*also complete an Instructor Trainer/Assessor application in addition to this application)

Please note the pricing scheme for this application is based on *outdoor recreation* only. If you also require industrial roping and/or public safety, complete and pay for separate applications.

8. Proof of Currency – An overview

Currency means that you have maintained your knowledge and skills over time (ie you're up-to-date and have been practicing on a regular basis). In effect, a person who is 'current' has not allowed his/her skills to deteriorate over time – and has recently practiced skills which are relevant to this application.

One of the biggest challenges that all professional guides and instructors face is how to maintain their knowledge and skills. A favourite PACI philosophy is... "if you're standing still, you're moving backwards".

PACI has been progressively tightening its policy in seeking adequate proof that members have indeed been maintaining their skills. The reason is simple. When you take responsibility for others, you owe a duty of care to ensure your clients have a safe and enjoyable experience and, in the unlikely event of an emergency, you will need to act quickly and decisively to preserve life.

How can you expect to fulfil these fundamental duties if you have allowed your skills to lapse?

In order to apply for PACI membership, we will require proof of currency in three (3) distinct areas. For further information, you should refer to section 5 of the PACI manual (you will need to purchase a manual – normally supplied on DVD-Rom optical media):

- Proof that your personal roping skills are current; and
 - Proof that your vertical rescue skills are current; and
 - Proof that your leadership/guiding skills are current
- AND/OR
- Proof that your instructional (formal teaching) skills are current.

What is acceptable proof?

Providing proof can sometimes be difficult. So PACI has developed a standard template which is included in this application package. If you complete all the details as outlined in this package, your application will progress faster and it will be easier for us to cross-check all of your claimed endorsements.

If you do not use the standard template as outlined in this package, considerably extra time will be required to assess and process your application. If you had recently been successful on a recent PACI instructor assessment, this will be sufficient proof of your competency.

PACI may request any or all of the following supporting evidence:

- signed statement from your employer (on a business letterhead) indicating your currency in a particular area
 - logbook entry authenticated by a person who was present and witnessed your activities (must include contact information so we can investigate if necessary).
- Note:** PACI does not accept self-authenticated logbook entries.
- AV forms signed by your students (for instructors only) – this indicates current teaching skills
 - video footage that clearly depicts your personal performance
 - statutory declarations with wording that clearly and unambiguously indicates your currency
 - a statement of attainment or qualification for training that you recently completed (within past 12 months)
 - feedback questionnaires from your clients giving critique of your performance (client contact details should be available so we can contact them to verify the feedback)

Note: This list is not exhaustive

Frequency of your skills practice sessions:

You must have practised all your skills at least once during the calendar year – this is the minimum level required. PACI encourages members to practice more than just once.

Piece-meal versus holistic practice sessions:

PACI does not recognise isolated skills that are practiced one at a time. Skills must be grouped together holistically within a scenario context. For example, it is unacceptable to simply tie one knot (eg a re-threaded figure 8) and then claim that you are current. Practice sessions should always be designed to capture a range of skills in a continuous sequence in order to achieve a broad outcome.

9. Scope of your current knowledge and skills – all applicants to complete this question

We need to know the depth and breadth of your knowledge and skills. You will need to supply proof to back up your claims.

Please indicate all that apply with an 'X'

NOTE: Please be realistic in what you are claiming! Don't apply for environments and activities that you know you are not competent in or have only limited capability. Don't speculate!

Environments in which you are competent and experienced to operate:

- I am competent to operate as a **leader/guide** in the following environments (indicate)
- natural surfaces (cliffs)
 - big walls (cliffs 300m +)
 - artificial walls
 - challenge ropes course structures
 - canyons
 - caves (requiring vertical access / egress)
 - aerial rope-ways
 - tree canopy
 - snow and ice
 - sites with foot access to top and bottom
 - sites with no direct foot access to the bottom (eg sea cliffs, or cliffs where access to the bottom is via abseil descent)
 - single-pitch environments
 - multi-pitch environments

- I am competent to operate as an **instructor** in the following environments: (indicate)
- natural surfaces (cliffs)
 - big walls (cliffs 300m +)
 - artificial walls
 - challenge ropes courses
 - canyons
 - caves (requiring vertical access / egress)
 - aerial rope-ways
 - tree canopy
 - snow and ice
 - sites with foot access to top and bottom
 - sites with no direct foot access to the bottom (eg sea cliffs, or cliffs where access to the bottom is via abseil descent)
 - single-pitch environments
 - multi-pitch environments

Activities that you are competent and experienced to conduct:

- I am competent to operate as a **leader/guide** in the following activities: (indicate)
- conducting abseiling activities
 - guiding canyoning activities
 - guiding caving activities (requiring vertical access / egress only)
 - conducting top rope climbing activities (bottom managed belay)
 - conducting top rope climbing activities (top managed belay)
 - guiding lead climbing activities
 - guiding big wall (aid) climbing activities
 - guiding mountaineering activities (snow & ice)
 - conducting activities on low ropes elements (challenge ropes courses)
 - conducting activities on high ropes elements (challenge ropes courses)
 - conducting flying fox activities
 - conducting tree climbing activities

I am competent to operate as an **instructor** and teach and assess the following competency based courses:

- instructing abseiling courses (single-pitch)
- instructing abseiling courses (multi-pitch)
- instructing canyoning courses (single-pitch) – vertical access only
- instructing canyoning courses (multi-pitch) – vertical access only
- instructing caving courses (single-pitch) – vertical access only
- instructing caving courses (multi-pitch) – vertical access only
- instructing top rope climbing courses (bottom belayed)
- instructing top rope climbing courses (top belayed)
- instructing lead climbing courses - Trad (single-pitch)
- instructing lead climbing courses - Trad (multi-pitch)
- instructing lead climbing courses - Sport (single-pitch)
- instructing lead climbing courses - Sport (multi-pitch)
- instructing big wall climbing courses
- instructing ice climbing courses

I can also instruct & assess trainee *leaders/guides* to conduct the following activities:

Note: *This means you are declaring that you have the experience, knowledge and skills to train candidate guides so that they in turn can take charge of others in roping activities.*

- abseiling activities (single-pitch)
- abseiling activities (multi-pitch)
- canyoning activities (single-pitch) – vertical access only
- canyoning activities (multi-pitch) – vertical access only
- caving activities (single-pitch) – vertical access only
- caving activities (multi-pitch) – vertical access only
- top rope climbing activities (bottom managed belay)
- top rope climbing activities (top managed belay)
- lead climbing activities - Trad (single-pitch)
- lead climbing activities - Trad (multi-pitch)
- lead climbing activities - Sport (single-pitch)
- lead climbing activities - Sport (multi-pitch)
- big wall climbing activities
- ice climbing activities
- challenge ropes course activities (low elements)
- challenge ropes course activities (high elements)
- tree climbing activities
- flying fox activities
- aerial cable-way activities

Notes:

1. Rescue skills are implied in each activity you indicate. That is, if you claim you can guide (climbing) clients up a multi-pitch trad route; this means you can also perform a rescue in the event of an emergency.

2. If you are applying for RPL, you will need to provide proof of your competency to conduct the activities you claim. Proof means evidence to back up your claims – evidence will include a combination of; written statements on business letterheads signed by your employer, qualifications (from TAFE, University, an RTO, etc), third party authenticated logbook entries, statutory declarations, video footage, etc.

3. A flat-rate fee of \$200.00 is charged for all RPL applications (there is no refund given if you are unsuccessful in your application). We will give reasons for accepting or declining an application.

10. Supporting evidence of your current skills for RPL (Note: Skip this section if you have recently completed a PACI leader or instructor course – *within past 12 months*; Go to Q.11).

STANDARD TEMPLATE – Complete this template if you are applying for RPL

[] PERSONAL SKILLS:

For abseilers (ie non climbers):

[] Single-pitch

Recent abseil descent #1

Context: _____ (specify, eg natural cliff, canyon, cave, etc)

Name of site: _____

Location: _____

Date: _____

Witness: _____

Contact info: Tel: _____ Email: _____

Recent abseil descent #2

Context: _____ (specify, eg natural cliff, canyon, cave, etc)

Name of site: _____

Location: _____

Date: _____ (cannot be same date as first abseil)

Witness: _____

Contact info: Tel: _____ Email: _____

[] complete and sign an abseiling (single-pitch) AV form

Declaration: *I certify that I selected the descent point, established the anchor system and deployed the abseil rope without assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] Multi-pitch

Recent abseil descent #1

Context: _____ (specify, eg natural cliff, canyon, cave, etc)

Name of site: _____

Site: _____

No. of pitches: _____ Were retrievable abseils setup and used? [] Yes [] No

Date: _____

Witness: _____

Contact info: Tel: _____ Email: _____

Recent abseil descent #2

Context: _____ (specify, eg natural cliff, canyon, cave, etc)

Name of site: _____

Site: _____

No. of pitches: _____ Were retrievable abseils setup and used? [] Yes [] No

Date: _____ (cannot be same date as first multi-pitch abseil)

Witness: _____

Contact info: Tel: _____ Email: _____

[] complete and sign an abseiling (multi-pitch) AV form

Declaration: *I certify that I selected the descent point, established the anchor system and deployed the abseil ropes without assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

For climbers: Note: Your endorsement will be limited to *bottom-managed* belay if you only climb routes via the bottom belay method.

Belay skills (top rope climbing):

[] Belaying a top rope climber (bottom managed belay)

Belay a top rope climber #1

Context: _____ (specify, eg natural cliff, artificial wall etc)
Name of site: _____
Location: _____
Date: _____
Climber: _____
Belay device: (Type): Self-locking Tubular Planular
Climber contact info: Tel: _____ Email: _____

Belay a top rope climber #2

Context: _____ (specify, eg natural cliff, artificial wall etc)
Name of site: _____
Location: _____
Date: _____ (cannot be same date as first belay activity)
Climber: _____
Belay device: (Type): Self-locking Tubular Planular
Climber contact info: Tel: _____ Email: _____

Declaration: *I certify that I belayed a climber from the bottom of the route using a belay device. I managed a single rope in response to climber movements and interpreted and responded to safety calls. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] Belaying a top rope climber (top managed belay)

Belay a top rope climber #1

Context: _____ (assumed to be natural cliffs)
Name of site: _____
Location: _____
Date: _____
Climber: _____
Belay device: (Type): Self-locking Tubular Planular
Climber contact info: Tel: _____ Email: _____

Belay a top rope climber #2

Context: _____ (assumed to be natural cliffs)
Name of site: _____
Location: _____
Date: _____ (cannot be same date as first belay activity)
Climber: _____
Belay device: (Type): Self-locking Tubular Planular
Climber contact info: Tel: _____ Email: _____

Declaration: *I certify that I belayed a climber from the top of the route using a belay device. I managed a single rope in response to climber movements and interpreted and responded to safety calls. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

Belay skills (lead climbing):**[] Belaying a lead climber (single rope system)****Belay a lead climber on a single rope #1**

Context: _____ (specify, eg natural cliff, artificial wall etc)

Name of site: _____

Location: _____

Date: _____

Climber: _____

Belay device: (Type): Self-locking Tubular Planular

Climber contact info: Tel: _____ Email: _____

Belay a lead climber on a single rope #2

Context: _____ (specify, eg natural cliff, artificial wall etc)

Name of site: _____

Location: _____

Date: _____ (cannot be same date as first belay activity)

Climber: _____

Belay device: (Type): Self-locking Tubular Planular

Climber contact info: Tel: _____ Email: _____

Declaration: I certify that I belayed a lead climber from the bottom of the route using a belay device. I managed a single rope in response to climber movements and interpreted and responded to safety calls. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____ Date: _____

[] Belaying a lead climber (double rope system)**Belay a lead climber on double ropes #1**

Context: _____ (assumed to be natural cliff)

Name of site: _____

Location: _____

Date: _____

Climber: _____

Belay device: (Type): Tubular Planular

Climber contact info: Tel: _____ Email: _____

Belay a lead climber on double ropes #2

Context: _____ (assumed to be natural cliff)

Name of site: _____

Location: _____

Date: _____ (cannot be same date as first belay activity)

Climber: _____

Belay device: (Type): Tubular Planular

Climber contact info: Tel: _____ Email: _____

Declaration: I certify that I belayed a climber from the bottom of the route using a belay device. I managed double ropes in response to climber movements and interpreted and responded to safety calls. I was able to simultaneously pay out on one rope and take in on the other while continuously safeguarding the lead climber. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____ Date: _____

[] Top rope climbing – bottom managed belay: (complete this section if you don't lead climb)

Recent route #1 (via bottom managed belay method)

Name of cliff: _____
 Route: _____
 Height: _____ Grade: _____
 Date: _____
 Name of your belayer (witness): _____
 Contact info: Tel: _____ Email: _____

Recent route #2 (via bottom managed belay method)

Name of cliff: _____
 Route: _____ (must be different route)
 Height: _____ Grade: _____
 Date: _____ (cannot be same date as first top rope climb)
 Name of your belayer (witness): _____
 Contact info: Tel: _____ Email: _____

[] complete and sign a top rope climbing AV form

Declaration: *I certify that I selected the routes, established the anchor systems and deployed the ropes without assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

NOTE: If you also wish to claim competency in a *top-managed* belay method, you must provide proof...

[] Top rope climbing – top managed belay: (complete this section if you don't lead climb)

Recent route #1 (via top managed belay method)

Name of cliff: _____
 Route: _____
 Height: _____ Grade: _____
 Date: _____
 Name of your belayer (witness): _____
 Contact info: Tel: _____ Email: _____

Recent route #2 (via top managed belay method)

Name of cliff: _____
 Route: _____ (must be different route)
 Height: _____ Grade: _____
 Date: _____ (cannot be same date as first top rope climb)
 Name of your belayer (witness): _____
 Contact info: Tel: _____ Email: _____

[] complete and sign a top rope climbing AV form

Declaration: *I certify that I selected the routes, established the anchor systems and deployed the ropes without assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] Lead climbing – Trad (single pitch)

Recent ascent of trad route #1

Context: Traditional (gear placements such as wired nuts, cams, hex's, etc)

Name of cliff: _____

Route: _____

Height: _____ Grade: _____

Style of ascent: on sight flashed redpoint First ascent

Date: _____

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

Recent ascent of trad route #2

Context: Traditional (gear placements such as wired nuts, cams, hex's, etc)

Name of cliff: _____

Route: _____ (cannot be repeat of 1st route)

Height: _____ Grade: _____

Style of ascent: on sight flashed redpoint First ascent

Date: _____ (cannot be same date as first lead climb)

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign a lead climbing (single pitch) AV form

Declaration: *I certify that I selected, found and climbed the trad routes. I led the routes from the ground up, placing my own protection on lead without aid or assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] Lead climbing – Bolted sport route (single pitch)

Recent ascent of sport route #1

Note: If you only climb bolted routes, you will be limited to this category

Name of cliff: _____

Route: _____

Height: _____ Grade: _____

Style of ascent: on sight flashed redpoint First ascent

Date: _____

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

Recent ascent of sport route #2

Note: If you only climb bolted routes, you will be limited to this category

Name of cliff: _____

Route: _____ (cannot be repeat of 1st route)

Height: _____ Grade: _____

Style of ascent: on sight flashed redpoint First ascent

Date: _____ (cannot be same date as first lead climb)

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign a lead climbing (single pitch) AV form

Declaration: *I certify that I selected, found and climbed the sport routes. I led the routes from the ground up placing quick-draw (express) slings and clipping my own rope without aid or assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] Lead climbing – bolted sport route (multi pitch)

Note: If you climb sport routes only, then you will not be endorsed for trad (gear) routes.

Recent ascent of multi-pitch sport route #1

Context: Sport (bolted)

Name of cliff: _____

Route: _____

Height: _____ Grade: _____

No. of pitches: _____ (min of 2)

Hanging belays required? Yes No

No. of climbers in party: _____

Led all pitches or alt leads? I led all pitches Alt leads

Who led crux pitch? _____

Style of ascent: on sight flashed redpoint first ascent

Ropes used: led on single rope only led with double ropes

Method of descent: abseil descent walked off

Date: _____

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

Recent ascent of multi-pitch sport route #2

Context: Sport (bolted)

Name of cliff: _____

Route: _____ (cannot be repeat of 1st route)

Height: _____ Grade: _____

No. of pitches: _____ (min of 2)

Hanging belays required? Yes No

No. of climbers in party: _____

Led all pitches or alt leads? I led all pitches Alt leads

Who led crux pitch? _____

Style of ascent: on sight flashed redpoint first ascent

Ropes used: led on single rope only led with double ropes

Method of descent: abseil descent walked off

Date: _____ (cannot be on same date as first multi-pitch climb)

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign a lead climbing (multi pitch) AV form

Declaration: *I certify that I selected, found and climbed the multi-pitch sport routes. I led the routes from the ground up placing quick-draw (express) slings and clipping my rope(s) without aid or assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

Lead climbing (multi pitch) – Traditional routes

Recent ascent of multi-pitch trad route #1

Context: Traditional (gear placements such as wired nuts, cams, hex's, etc)

Name of cliff: _____

Route: _____

Height: _____ Grade: _____

No. of pitches: _____ (min of 2)

Hanging belays required? Yes No

No. of climbers in party: _____

Led all pitches or alt leads? I led all pitches Alt leads

Who led crux pitch? _____

Style of ascent: on sight flashed redpoint first ascent

Ropes used: led on single rope only led with double ropes

Method of descent: abseil descent walked off

Date: _____

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

Recent ascent of multi-pitch trad route #2

Context: Traditional (gear placements such as wired nuts, cams, hex's, etc)

Name of cliff: _____

Route: _____ (cannot be repeat of 1st route)

Height: _____ Grade: _____

No. of pitches: _____ (min of 2)

Hanging belays required? Yes No

No. of climbers in party: _____

Led all pitches or alt leads? I led all pitches Alt leads

Who led crux pitch? _____

Style of ascent: on sight flashed redpoint first ascent

Ropes used: led on single rope only led with double ropes

Method of descent: abseil descent walked off

Date: _____ (cannot be on same date as first multi-pitch climb)

Name of your belayer (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign a lead climbing (multi pitch) AV form

Declaration: *I certify that I selected, found and climbed the trad routes. I led the routes from the ground up, placing my own protection on lead without aid or assistance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] Artificial surfaces climbing – use this section if you climb indoors or on artificial surfaces

Recent artificial climbing route #1

Context: Top rope Lead
 Name of wall/gym: _____
 Location: _____
 Height: _____
 Difficulty level: extreme very hard hard moderate easy
 Belay system: Auto-locking devices (eg GriGri) Other _____
 Date: _____
 Name of your belayer (witness): _____
 Contact info: Tel: _____ Email: _____
 ...

Recent artificial climbing route #2

Context: Top rope Lead
 Name of wall/gym: _____
 Location: _____
 Height: _____
 Difficulty level: extreme very hard hard moderate easy
 Belay system: Auto-locking devices (eg GriGri) Other _____
 Date: _____ (cannot be on same date as above route)
 Name of your belayer (witness): _____
 Contact info: Tel: _____ Email: _____

Declaration: *I certify that I have climbed at least two (2) routes on artificial surfaces. I have also acted as a belay person for a climber. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____
 ...

Recent Route Setting

Context: Commercial indoor climbing gym: _____ (location)
 Privately owned wall _____ (location)
 Exhibition wall / special event _____ (location)
 School: _____ (name of school)

Name of wall/gym: _____

Difficulty level: extreme very hard hard moderate easy
 Height: _____

Installation method: used auto-locking belay device & ascender for mobility
 used a belay person and top rope
 ladder
 other _____ (describe)

Date: _____
 Witness: _____
 Contact info: Tel: _____ Email: _____

[] complete and sign an artificial wall climbing AV form

Declaration: *I certify that my route was verified to be climbable at an agreed difficulty level that was suitable for clients/others to attempt. I further certify that all my holds were screwed tight with no spinners. I further certify that the above information is correct and that giving false or misleading information is fraudulent & will render this application null & void.*

Verification signature: _____ Date: _____

For challenge ropes courses (with low and/or high elements)**[] Recent undertaking of low elements****#1 Act as a spotter**

Element: _____ (name of low element)

Site: _____

Date: _____

Witness: _____

Contact info: Tel: _____ Email: _____

#2 Participate on a low element activity

Element: _____ (name of low element)

Site: _____

Date: _____ (cannot be same date as first activity)

Witness: _____

Contact info: Tel: _____ Email: _____

[] complete and sign an AV form

Declaration: *I certify that I participated in activities on low elements. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] Recent undertaking of high elements**#1 Position, secure and climb a portable ladder (a person must hold base of ladder)**

Site: _____

Date: _____

Witness: _____

Contact info: Tel: _____ Email: _____

#2 Operate a ground belay for a person moving through a high element

Element: _____ (name of high element)

Site: _____

Date: _____

Witness: _____

Contact info: Tel: _____ Email: _____

#3 Climb up staples on a pole using a double hook lanyard (aka 'lobster claw' lanyard)

Site: _____

Date: _____

Witness: _____

Contact info: Tel: _____ Email: _____

#4 Traverse through a high element as a participant

Element: _____ (name of high element)

Site: _____

Date: _____

Witness: _____

Contact info: Tel: _____ Email: _____

[] complete and sign an AV form for a challenge ropes course

Declaration: *I certify that I participated in activities on high elements. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] VERTICAL RESCUE SKILLS: (Complete if applying for RPL)**For abseilers (ie non climbers):**

[] Recent Practice session #1: Approach from above and extract a suspended patient (pick-off).

Requirements:

- person simulating unconsciousness
- hanging in a fully suspended position (no ledge used for support)
- within 4 minutes (measured from moment of contact to moment of descent with patient)
- no assistance given from patient

Date: _____

Site: _____

Context: _____ (specify, eg natural cliff, aerial rope-way, etc)

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: I certify that I successfully extracted a person simulating unconsciousness within 4 minutes and without assistance from others. I certify that I did not use any ledges for support or receive assistance from the patient. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____

Date: _____

[] Recent practice session #2: Hoist an unconscious person to a safe target position (unassisted).

Requirements:

- person simulating unconsciousness
- use resources that are relevant and normal for your recreational habits
- within an agreed time limit that is realistic for your work situation and patient
- no assistance given from patient
- haul a distance of at least 4.0m
- exercise to be performed in an cliff/canyon/cave environment as relevant

Date: _____

Site: _____

Context: _____ (specify, eg natural cliff, aerial rope-way, etc)

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign a vertical rescue AV form

Declaration: I certify that I used a mechanical advantage system to hoist a person simulating unconsciousness to safe ground. I further certify that I selected the necessary equipment resources and built the haulage system without assistance and/or guidance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____

Date: _____

Note: Each scenario must be completed in a continuous and interrupted sequence. Many individual skills are captured as an integrated whole in these rescue profiles.

[] VERTICAL RESCUE SKILLS: (Outdoor recreation only)**For top rope climbers:**

[] Recent practice session #1: Approach from above and extract a suspended patient (pick-off).

Requirements:

- person simulating unconsciousness
- hanging in a fully suspended position (no ledge used for support)
- within 4 minutes (measured from moment of contact to moment of descent with patient)
- no assistance given from patient

Date: _____

Site: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: I certify that I successfully extracted a person simulating unconsciousness within 4 minutes and without assistance from others. I certify that I did not use any ledges for support or receive assistance from the patient. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____

Date: _____

[] Recent practice session #2: Provide an assisted hoist to a climber in difficulty

Requirements:

- climber is in difficulty and cannot proceed without a hoist (climber is conscious)
- climber is situated within 1/3 rope length from belay position
- build a 3:1 M.A. system to hoist climber
- climber can assist rescuer by pulling on rope
- the use of only one climbing rope is permitted
- there is no time limit set for this rescue

Date: _____

Site: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

complete a vertical rescue AV form

Declaration: I certify that I used a mechanical advantage system to hoist a person simulating unconsciousness to a target position. I further certify that I selected the necessary equipment resources and built the haulage system without assistance and/or guidance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____

Date: _____

Note: Each scenario must be completed in a continuous and interrupted sequence. Many individual skills are captured as an integrated whole in these rescue profiles.

[] VERTICAL RESCUE SKILLS: (Outdoor recreation only)

For lead climbers:

[] Recent practice session #1: Rescue a fallen lead climber

Requirements:

- lead climber falls and is unconscious (person to simulate)
- Rescuer commences from belay position (must escape from belay under load)
- the use of only one (1) climbing rope is permitted
- fallen climber is situated beyond half-way point (cant be lowered back to ground/belay position)
- no assistance is given from the fallen climber or anyone else
- as the exercise may take up to 1 hour to complete, measures to avoid patient suspension trauma should be taken
- there is no time limit set for this rescue
- exercise may take place in relative close proximity to the ground in simulation of a higher route

Date: _____

Site: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: I certify that I successfully completed a full and uninterrupted sequence of skills commencing from an escape of the belay to an abseil descent with the patient to reach safe ground. I certify that I did not use any ledges for support or receive assistance from the patient. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____ Date: _____

[] Recent practice session #2: Provide an assisted hoist to a climber in difficulty

Requirements:

- climber is in difficulty and cannot proceed without a hoist (climber is conscious)
- climber is situated within 1/3 rope length from belay position
- build a 3:1 M.A. system to hoist climber
- climber can assist rescuer by pulling on rope
- the use of only one climbing rope is permitted
- there is no time limit set for this rescue

Date: _____

Site: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

[] complete and sign a vertical rescue AV form

Declaration: I certify that I successfully extracted a person simulating unconsciousness within 4 minutes and without assistance from others. I certify that I did not use any ledges for support or receive assistance from the patient. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____ Date: _____

Note: Each scenario must be completed in a continuous and interrupted sequence. Many individual skills are captured as an integrated whole in these rescue profiles.

For aerial rope-ways:**[] Recent Practice session #1: Perform a mid-span patient extraction.**Requirements:

- person simulating unconsciousness and no assistance given from 'patient'
 use resources that are relevant and normal for your site/workplace
 hanging in a fully suspended position on aerial rope-way (no supports used)
 within agreed time limits – must be realistic for workplace and patient

Date: _____

Site: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: I certify that I successfully extracted a person simulating unconsciousness within 4 minutes and without assistance from others. I certify that I did not use any ledges for support or receive assistance from the patient. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____

Date: _____

[] Recent practice session #2: Perform an assisted abseil descent with patientRequirements:

- person simulating unconsciousness and no assistance given from patient
 use resources that are relevant and normal for your site/workplace
 within an agreed time limit that is realistic for your work situation and patient
 patient is lying on a platform at height – needs to be evacuated
 no further injury or harm caused to patient during egress

Date: _____

Site: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: I certify that I performed an accompanied abseil descent with a patient to reach safe ground without the assistance and/or guidance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.

Verification signature: _____

Date: _____

[] Recent practice session #3: Aborted participant – belay rope is too short to reach intended targetRequirements:

- 'patient' is suspended in harness on aerial rope-way
 use resources that are relevant and normal for your site/workplace
 within an agreed time limit that is realistic for your work situation and patient
 must retrieve 'patient' back to original starting belay position
 mechanical advantage may be used to aid in retrieval process

Date: _____

Site: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: I certify that I retrieved a person back to the original starting belay position without the assistance and/or guidance from others. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void

Verification signature: _____

Date: _____

 complete and sign a vertical rescue AV form

[] LEADERSHIP / GUIDING SKILLS: (complete if applying for RPL)

We need to know about your current capabilities as a leader/guide:

[] Evidence of recent conduct of an activity where you were in charge:Requirements:

- the activity must be for an organised group (not friends or family)
- you must have made all logistical arrangements and planned the activity
- you must be the person in charge with clear health and safety obligations to your group
- the activity must be commensurate with the skill level and capability of the your group
- there must be a briefing and a debriefing
- the activity must include exposure to height where client fall prevention measures were implemented (eg a top belay safety line for clients while abseiling)

Type of activity: _____ (specify, eg abseiling, climbing, etc)

Environment: _____ (specify, eg natural cliff)

Purpose/objectives of activity: _____

Site: _____

Total No. of participants involved: _____

Date: _____

Name of one participant (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign a leadership AV form

Declaration: *I certify that I was responsible for leading/guiding a roping activity involving height. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

[] INSTRUCTIONAL SKILLS: (for instructors only – also complete leadership info above) – for RPL**[] Evidence of recent delivery of formal instruction with an assessment outcome:**Requirements:

- there must be a training component (not with friends or family)
- there must be an assessment component
- you must be the person in charge with clear health and safety obligations to your students
- there must be a briefing and a debriefing of student performance
- the activity must include exposure to height where fall prevention measures were implemented
- training and assessment must be linked to units from the Outdoor recreation training package SRO03
- the course must have been completed – cannot be partially attempted but never finished

Type of course: _____ (specify, eg vertical rescue)

Training environment: _____ (specify, eg natural cliff)

Site: _____

Total No. of students: _____

Feedback forms from students obtained? Yes No (why not?) _____

Date completed: _____

Name of one student (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign an instructor AV form

Declaration: *I certify that I provided formal instruction and was responsible for assessing the competence of my students. I further certify that the above information is correct and that giving false or misleading information is fraudulent and will render this application null and void.*

Verification signature: _____ Date: _____

11. Training Agreement (this question is intended for instructor applicants only)

If you intend to offer nationally recognised training through PACI, you must read and sign the current training agreement. The current training agreement was mailed together with this application.

Have you signed the current training agreement?

Yes

(Provided you comply with the agreement, PACI will issue statements of attainment for your students – mailed back to originating instructor for distribution)

No

(You will not be able to access any qualifications through PACI)

12. Have you made arrangements for insurance?

(Note: Insurance is compulsory for all members who are involved in training and/or supervision at height)

Yes

No You must inform PACI of your insurance coverage before you are to conduct any PACI sanctioned activities

13. Your insurance policy details

If you intend to work as a leader/guide or deliver formal instruction, you must be insured. If you are employed by a company (ie you work for a 'boss'), we will need proof that you are covered under your employers insurance policy. If you are a school teacher in a State Government school, we will require proof that you are indemnified under the schools policy via the State Government.

I currently carry professional liability insurance that covers me for teaching and/or supervising PACI courses during 2010-2011

Policy provided by : _____

Policy Number : _____

Expiry Date : _____

Indemnity Limit : \$ _____

Type of Cover : Public Liability / Errors & Omissions / Professional Indemnity (*please indicate*)

Agent Contact : Ph () _____ Fax () _____

****NOTE** If you have insurance with a company other than through Phillips Insurance Brokers, you must supply a copy of your policy wording and proof of coverage.

14. Payment Details

[Note: If you become a member partway through the membership year, ie between 1st April & 31st March, your membership fee will be pro-rated. We will calculate the pro-rata amount and send you an invoice.

NOTE: All prices are stated in \$AUD and include GST (Australian currency)

Schedule 1 Membership Classification	Outdoor Rec industry Context
RPL fee – if applicable (refer to Q6)	\$200.00
(L) Leader/Guide	\$220.00
(I) Instructor	\$250.00
(IT) Instructor Trainer	\$270.00
(IA) Instructor Assessor	\$290.00
TOTAL ENCLOSED	

Note: All Credit card payments incur a +4% surcharge

Send completed application to:

PACI Pty Ltd
PO Box 362
Hyde Park
TOWNSVILLE QLD 4812
AUSTRALIA

Electronic bank transfer details:

BSB = 064819
Account No. = 1003 8390
Account name = Professional Association of Climbing Instructors Pty Ltd
Reference Line = Please use your name
Please fax or email your remittance when electronically transferring

2011-2012 PACI MEMBERSHIP AGREEMENT

THIS MEMBERSHIP AGREEMENT EXPIRES ON 31st March 2012

I hereby apply to the Professional Association of Climbing Instructors Pty Ltd. (PACI) for membership subject to the following terms and conditions. [Carefully read and initial each paragraph]

[Make a photocopy for your own records]

All members:

1. ____ I certify that I carry, or that I have made arrangements to carry Liability Insurance protection that covers me for teaching and or supervising Professional Association of Climbing Instructors Pty Ltd. (hereinafter, PACI) sanctioned courses/activities during 2011-2012.
2. ____ I will abide by and implement all height safety standards and procedures as outlined in the most current PACI Instructional Procedures Manual (Optical media or paper format) within the capacity of my current membership classification and endorsements.
3. ____ I will not deviate from the content of the most current PACI Instructional Procedures Manual (either Optical media or paper format).
4. ____ If I am accessing insurance through the PACI / Phillips scheme at the discounted premium, I acknowledge and understand that I have both an obligation and a duty to ensure that only current, qualified PACI members are placed in charge of activities that involve exposure to height. I cannot leave staff in charge of a roping activity at height unless they are current, qualified PACI members. I acknowledge and accept that if I choose to conduct an activity at height with staff who are not current and/or not PACI members, my insurance will default to the higher premium rate, or become void.
5. ____ I acknowledge and accept that if I am holding myself out to potential customers as being a PACI qualified member (eg PACI leader or instructor), I *must* be a current PACI member with the appropriate industry classification and endorsements and *comply* with the most current PACI procedures. Enticing potential customers (eg as a PACI qualified member) without in fact being a current, qualified PACI member is fraudulent and will result in adverse legal action and potentially higher insurance premiums.
6. ____ I will take reasonable steps to ensure that my clients/students are made aware that the registered training organisation (RTO) responsible for issuing qualifications and/or Statements of Attainment for my training and assessment is PACI. I will not engage in any conduct which could mislead my clients about my partnership arrangement with PACI. My advertising and recruiting efforts will enable clients/students to recognise that PACI is in fact the registered training organisation (RTO) behind all nationally accredited training/assessment that I am delivering.
7. ____ I am aware that I can be held accountable for my professional actions and that my conduct will be monitored by PACI Quality Assurance Manager. I am also aware of the Quality Assurance Report form that may be filed at PACI. I am further aware of recourse available to me through the Quality Assurance Manager to refute any complaints that may be reported. I will accept all rulings by the Quality Assurance Manager with regard to such complaints.
8. ____ I understand and accept that PACI will notify other training organisations should I be expelled or required by the Quality Assurance Manager to undergo instructor-level retraining.
9. ____ I will not discredit PACI or cause any action that may have the effect of discrediting the Company and its members nor cause any action that will create a liability to PACI.
10. ____ I will abide by the most current 'Standard Safe Climbing & Abseiling Practices' as published by PACI in my professional capacity.
11. ____ I will comply with the most current version of the 'PACI protocols' as published by PACI in my professional capacity. Any deviations from the protocols must be reasonably justifiable and authorised by PACI in writing.
12. ____ I will comply with all site rules and regulations where I conduct my training activities. If I am operating in a National Park, I will indemnify the Director of National Parks in respect of any legal liability arising from my instructional activities in the respective State or Territory that I am currently operating in and/or comply with any legal requirements that the said director may deem necessary from time to time. I have read and become completely familiar with the National Park regulations in my region and have clarified my understanding of any changes to my obligations as a commercial operator in the said National Park.
13. ____ I have familiarised myself and made myself knowledgeable about the latest PACI instructional methods in addition to the current Training Bulletins and related mailings. I have read and become completely familiar with PACI educational materials and have clarified my understanding of Bulletin/update information.
14. ____ I will file an Incident Report form with PACI for any incident of which I am aware. I understand that I must notify my insurance company of any incident with which I am involved within twenty-four (24) hours of the incident.

Instructor members:

15. ____ I possess the minimum human & physical resources necessary to provide student training within the capacity of my membership classification and endorsements. I certify that I will not attempt to provide student training unless the minimum required human and physical resources are available.
16. ____ I understand that an assessment verification (AV) form is required to be completed and submitted to PACI for each student who successfully completes nationally recognised training. I agree to provide PACI with true and correct student contact information, including the student's correct mailing address, when I submit any AV forms to PACI. I understand and accept that such information shall be the proprietary property of PACI and the submitting member.

17. I will submit completed AV forms to PACI head office within five (5) working days of successful completion of a course of instruction or assessment activity. I understand that it is a legislative requirement under the Australian Quality Training Framework (AQTF 2010) that qualifications must be issued to students within a reasonable time frame. PACI undertakes to issue qualifications within twenty one (21) days of course completion.
18. ____ I will provide a completed 'learner questionnaire' (ie course feedback) with each AV form I submit. I understand that each student on a course of instruction must complete their own individual learner questionnaire so that PACI can monitor my performance and adherence to procedures. I understand and accept that my AV forms will not be processed unless I also provide individually completed learner questionnaires from each student. I further acknowledge that the collection of learner questionnaires is a legal requirement under Australia's AQTF 2010 standards.
19. ____ I understand that I must submit a representative sample of 'employer questionnaires' whenever an employer has an interest in the training I provided. I acknowledge that if no employer is involved or if no employer is linked to my students, there is no requirement to submit employer questionnaires.
20. ____ When accepting a person for enrolment in a formal training course, I will provide that person with information about the course including; my refund policy, the PACI code of practice (ie ethics and standards for all PACI courses) how I will assess competency and the expected duration of training (including start and finish dates), including language literacy and numeracy requirements.
21. ____ I am aware of the fact that the degree of training for a student/client can seriously affect the person's health and safety if conducted inadequately. I agree to take whatever measures are possible to either certify a student as competent or omit from competency, any student/client who respectively qualifies or does not qualify for achievement of competency.
22. ____ I understand and agree that leadership-level training constitutes a departure from ordinary operator-level training. Leadership training is intended to prepare a person for working as a professional with clear duties and obligations under common law and/or OH&S legislation. When conducting leadership-level training, I will issue each student with a PACI Instructional Procedures Manual (either Optical media or paper format) *before* training commences. I understand and agree that each trainee leader is required to have their own personal copy of the Procedures Manual (either Optical media or paper format) and that sharing is not permitted for copyright and Quality Assurance reasons.
23. ____ I acknowledge that delivering instruction at height is a physically strenuous activity and that at any time, I may be required to perform a rescue under arduous conditions including the delivery of CPR and First Aid. I further acknowledge and agree that it is my personal responsibility to maintain the necessary levels of fitness in order to involve myself in instruction and supervisory activities at height. I further acknowledge that should my physical condition change, rendering me incapable of meeting the physical requirements of instruction and supervision, I will cease my instructional and supervisory activities until I am again capable and if necessary, be cleared by a medical examination performed by a licensed physician.
24. ____ I will maintain accurate student assessment records for each student I assess against nationally endorsed training packages. I understand I accept that if I am undertaking assessments for the purpose of issuing nationally recognised qualifications and/or Statements of Attainment, I am legally bound by Australia's AQTF 2010 standards. If I am not undertaking nationally accredited training and/or assessments, then I am not bound by the said AQTF. I acknowledge and agree that my student assessment records may be examined by an authorised auditor from a relevant State Training Authority as part of an AQTF compliance audit. I further acknowledge and agree that I must submit my student assessment records as part of a compliance audit if and when directed by an authorised State auditor and that any costs incurred for such submission will be at my own expense.

All members:

25. ____ I certify that the information included herein is true and correct to the best of my knowledge and understand that any subsequent renewal of my membership in PACI is subject to approval by the PACI board of review.
26. ____ I understand this contract to be legally binding and subject to Australian contract law.

I have thoroughly informed myself on the foregoing Membership Agreement by reading it before I signed it and hereby consent to and accept the terms and conditions in their entirety.

Signature: _____
Required for membership

Date: _____

Note: This application does not constitute an offer for membership. Membership is activated only upon review and approval of the application.

2011-2012 MEDICAL STATEMENT (Confidential Information)



Please read carefully before signing:

This a statement in which you are informed of some potential risks involved in conducting instructional activities involving students at height*. Your signature on this statement is a requirement of your membership with the Professional Association of Climbing Instructors Pty Ltd (hereinafter PACI). Instruction/supervision at height is an exciting and demanding activity. To conduct activities safely, you must not be extremely overweight or out of condition. At any time, you may be required to perform a rescue under arduous conditions including the delivery of CPR and first aid. You have a duty of care to disclose any medical condition that could endanger the health & safety of your students/participants or anyone who may be affected by your activities at height.

MEDICAL HISTORY (To the applicant):

The purpose of this medical questionnaire is to find out if you should be examined by your local doctor before engaging in professional duties as a leader/instructor. A positive response to a question does not necessarily disqualify you from instructing. A positive response means that there is a pre-existing condition that may affect your safety and the safety of your students while engaged in instructional activities at height. A positive response means you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a **YES** or **NO** answer. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in instructional activities at height.

- ___ Do you regularly take prescription or non-prescription medications (with the exception of birth control)?
- ___ Are you over 45 years of age **and** have one or more of the following?
 - currently smoke a pipe, cigars, or cigarettes
 - have a verified high cholesterol level
 - have a family history of heart attacks or strokes
- ___ •have climbed **above** 7800m without supplementary oxygen **and** suffered symptoms of hypoxia?

Have you ever had or do you currently have.....

- | | |
|---|--|
| ___ Asthma, or wheezing with breathing, or wheezing with exercise? | ___ History of back surgery? |
| ___ Frequent or severe attacks of Hayfever or allergy? | ___ History of diabetes? |
| ___ Any form of lung disease? | ___ History of back, arm or leg problems following surgery, injury or fracture? |
| ___ Pulmonary oedema? | ___ Inability to perform moderate exercise (walk one mile within 10 minutes)? |
| ___ Cerebral oedema? | ___ History of high blood pressure or take medication to control blood pressure? |
| ___ History of chest surgery? | ___ History of any heart disease? |
| ___ Impact injury causing unconsciousness (including severe head injuries)? | ___ History of heart attacks? |
| ___ Claustrophobia or agoraphobia (fear of closed or open spaces)? | ___ Angina (including heart and blood vessel surgery)? |
| ___ Behavioural health problems? | ___ History of ear disease, hearing loss or problems with balance? |
| ___ Epilepsy, seizures, convulsions or take medications to prevent them? | ___ History of bleeding or other blood disorders? |
| ___ Recurring migraine headaches or take medications to prevent them? | ___ History of any type of hernia? |
| ___ History of blackouts or fainting (full/partial loss of consciousness)? | ___ History of ulcers or ulcer surgery? |
| ___ History of recurrent back problems? | ___ History of drug or alcohol abuses? |
| | ___ History of unexplained illness and/or diseases? |

I, _____ (applicant name) hereby acknowledge that the information I have provided about my medical history is accurate to the best of my knowledge. I further acknowledge that I have been advised of the medical risks associated with instruction/supervision at height*. I further acknowledge that having been advised of the risks associated with working/instruction at height and, to the maximum extent permitted by law, hereby release and hold harmless the PACI Pty Ltd. from any suit, demand or claim arising as a consequence of any death, injury or illness caused by my instructional/supervisory activities whether passive or active. I further acknowledge and understand that false or misleading information could seriously affect the health & safety of my students/clients. I further acknowledge that this document may be relied upon in any proceedings instituted in any Court by me or my heirs, executors and assigns.

Signature of applicant

Date

* Activities at height includes all forms of roping activities at height (including artificial wall) eg abseiling, top rope climbing, lead climbing, mountaineering, vertical rescue, canyoning, caving, high ropes courses, etc.