



PACI

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2017/2018 MEMBERSHIP APPLICATION FORM

THIS PACI MEMBERSHIP EXPIRES AT MIDNIGHT ON 31ST MARCH 2018

PUBLIC SAFETY

Initial application for membership with PACI

This application only applies only to public safety contexts – if you are applying for outdoor recreation or industrial roping, please use a different form.

Please read carefully and complete all relevant sections.

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

CHECKLIST: (tick to confirm completion of steps)

All renewing members:

- Complete this renewal application (clearly and legibly - must be in permanent ink)
- Payment for your membership renewal fee
- Passport quality photo - please submit electronic .jpg image (named) via email to processing@paci.com.au
Note: The image must be in portrait orientation, taken against a plain white background and be of similar quality to Australian passport standard (no hats or dark glasses to be worn). We no longer accept traditional film-based photos.
- Copy of your current first aid/CPR certificate
- Proof of Public Liability insurance (applies if you are operating your own business:- eg you are self-employed, in a business partnership or a Pty Ltd company. If you are an *employee*, you need to be covered under your employers policy)

Instructors members only

- Signed Training Agreement / Contract
- Copy of your **TAE40110** certificate IV in training and assessment (if not already on file with PACI)
Note: We can no longer accept the old BSZ or TAA qualifications since they have been superseded by the new TAE training package.
- Proof that you have unit **TAELLN411** (the language literacy and numeracy unit from the TAE training package)
- Proof that you have and will continue to comply with the current Standards for RTO's (www.asqa.gov.au)
- Proof of Public Liability and Professional Indemnity insurance (as above:- with specific Professional Indemnity or Errors and Omissions insurance)

Instructor Trainers & Instructor Assessors Only

- All of the above
- 1 x Instructor Trainer & Instructor Assessor Agreement

For RTO's

If you are an RTO, please complete the 'Partnering Arrangements Contract Overview'

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MEMBERSHIP APPLICATION FORM

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AV No.

Office use only

1. Contact Details (please print clearly in ink)

Name: _____

Date of Birth: _____ PACI member ID No.: _____ (if assigned)

Postal Address:

_____Phone (w) _____ (H) _____
(M) _____

Email: _____

Please write legibly – accurately use capitalisation where necessary

Privacy Statement:

PACI is committed to protecting your privacy in accordance with the Privacy Act 1988 (Federal) including the Australian 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 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) [] No

PACI member No. _____

Date originally joined: _____

Level of membership (leader, instructor, etc)? _____ (indicate)

4. Are you currently a member of an alternative professional instructor association?

[] Yes _____ (attach details)

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

[] Inactive (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 p12)

No – I have completed a formal course(s) of instruction (eg through TAFE, university, an RTO, etc).
Attach certified copies of your Certificates and/or Statements of Attainment to this application

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:

Team Leader (L) – a team leader can take command of a trained vertical rescue team. This level of membership would be ideal if you want to act as a team captain for a vertical rescue team. Team leaders can also conduct skills maintenance training to ensure rescue personnel remain current. Team leaders deliver emergency action briefings (eg SMEAC / PAINTER) and ensure PPE and equipment is appropriate for the rescue mission.

Complete & attach the following AV forms: (ensure that you use the AV form specific to public safety)

- 1 x vertical rescue AV form
- 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 pass/fail). Instructors can also train students to become competent team leaders.

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

- 1 x vertical rescue AV form
- 1 x leadership AV form
- 1 x Instructor AV form

Instructor Trainer (IT)* – an instructor trainer is able to teach other instructor candidates and prepare them for their assessment which is conducted only by a PACI appointed instructor assessor. This membership level would be ideal if you intend to instruct leaders/guides to become competent trainers (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.

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

- 1 x vertical rescue AV form
- 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 public safety only. If you also require industrial roping and/or outdoor recreation, complete and pay for separate applications.

8. Proof of Currency – Overview (skip this section if you recently completed training to become a team leader or an instructor)

One of the biggest challenges that all professional leaders and instructors face is how to maintain their knowledge and skills. A favourite PACI saying is... *“If you’re standing still, you’re moving backwards”*.

PACI has been progressively tightening its policy in obtaining adequate proof that members have indeed been maintaining their skills. The reason is simple. When you take responsibility for others, you owe a duty to ensure your clients have a safe (ie lowest achievable risk level) 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 deteriorate?

In order to apply for PACI membership, we will require proof of currency in three (3) distinct areas as follows:

- Evidence that your personal roping skills are current; and
 - Evidence that your vertical rescue skills are current; and
 - Evidence that your team leader skills are current
- OR
- Evidence that your instructional (formal teaching) skills are current (for instructors only)

What is acceptable evidence?

Providing evidence (or ‘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 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)
- Feedback questionnaires from past students/clients
- Video footage that clearly depicts your personal performance (clear footage with close up shots – not shaky camera work where it is difficult to assess what is going on)
- Statutory declarations with wording that clearly and unambiguously indicates your currency
- Statements of attainment or qualifications for personal training that you recently completed within past 12 months – eg you might have enrolled in TAFE training or undertaken other specialist training
- Signed letter from your employer on company letterhead outlining your activities over the past 12 months

Frequency of your skills practice sessions:

You must have practised your personal skills during the calendar year. If you are an instructor, you may only have observed your students but not actually practiced any skills yourself. PACI encourages members to practice their skills frequently in order to maintain proficiency. An efficient way to do this is to make a habit of personally demonstrating skills.

Atomistic (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 profile. For example, it is unacceptable to simply tie one knot or build one anchor system and then claim that you are current. Practice sessions should always be designed to capture a range of skills in a continuous holistic sequence in order to achieve a broad outcome.

Privacy laws:

All information gathered is used solely to satisfy the requirements for proving currency. All relevant privacy legislation is complied with to safeguard the individuals’ confidentiality. PACI complies with the Federal Privacy Act (1988) including the Australian Privacy Principles.

9. Scope of your knowledge and skills

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!

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.

Environments in which you can operate as a team leader and/or instructor:

- I can operate as a team leader (ie team captain) in the following environments; or
 I can operate as an instructor in the following environments (leader skills assumed):
- fixed plant and machinery (industrial workplaces)
 - mobile plant and machinery (industrial workplaces)
 - natural surfaces (eg cliffs)
 - canyons
 - caves (requiring vertical access/egress)
 - cable-ways (eg chair lifts, gondolas, etc)
 - tower structures (telecommunication, power transmission, cable-ways)
 - roof surfaces (industrial roofs) – pitch angles up to 60 degrees
 - multi-story buildings
 - tree canopy
 - snow and ice (additional evidence of competency is required)
 - sites with foot access to top and bottom of patient position
 - sites with abseil access to the patient (access from above patient)
 - sites with lead climbing access to the patient (access from below patient)

Your personal skills (endorsements) as a team leader and/or instructor:

- I can operate as a team leader (ie team captain) with the following endorsements; or
 I can operate as an instructor with the following endorsements (includes leader):
- removable protection devices (eg wired nuts, cams, hex's)
 - rescue frames (eg Vortex, larkin, ozpod, Terradaptor, crux 2000, arachnipod, etc)
indicate type of frame: _____
 - installation of permanent bolt anchors (glue-in, expansion)
 - natural anchors (eg trees, boulders, rock features)
 - existing structural anchors (steel beams, concrete pillars, etc)
 - existing fall-arrest anchorage points (eg chemical anchors, mechanical anchors)

Activities that you can conduct as a leader and/or instructor:

- I can operate as a leader in the following activities; or
 I can operate as an instructor in the following activities (includes leader):
- skills maintenance training for existing rescue personnel (ie refresher training)
 - instructing vertical mobility courses (ascending, descending, knot bypasses, etc)
 - instructing vertical rescue courses
 - instructing team leaders (team captains)
 - patient management while under rope suspension
 - commanding a vertical rescue team
 - delivery of emergency action briefings to team members (SMEAC, PAINTER, etc)

Note: If you have recently successfully completed a PACI instructor assessment, you still need to indicate the range of endorsements that apply.

10. Proof of Currency – Skip this question if you recently completed your leader/instructor training

Skip ahead to Q12 if you had recently completed a formal training course to become a team leader or instructor

Standard template (Public Safety)

[] VERTICAL RESCUE SKILLS – current in each of the five (5) skills as specified

The following VR sessions define the scope of your current skills:

[] Recent VR session #1: Rapid clinical access to a patientRequirements:

- Rescue must take place in an environment that is relevant for your particular work situation
- patient is critically injured (simulating unconsciousness)
- must establish solid and reliable rescue anchorage
- approach from above using abseiling techniques
- rope must be managed/controlled during descent – eg contained within a rope bag
- clinical access must take place within a timed scenario profile
- must have medical equipment to enable patient management at the incident scene
- safety checks as per SOP's (eg ARCHER checks or ABCDE method)

Site: _____

Context: _____ (specify, eg Cliff, Cave, Canyon, etc)

Date: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: *I certify that I successfully retrieved a person suspended in his harness and simulating unconsciousness. I completed the retrieval within 20 minutes using equipment resources that are relevant for my work context. I certify that I did not 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 VR session #2: Rescue a fallen patient suspended in his/her harness using a pre-rigged M.A. system (eg a 'Gotcha rescue kit' or something similar in concept)Requirements:

- Rescue must take place in an environment that is relevant for your particular work situation
- patient is simulating unconsciousness
- from fully suspended position (no part of the structure used to remove tension)
- within 20 minutes (measured from moment of contact to moment patient is relieved from suspension)
- no assistance given from patient
- must establish solid and reliable rescue anchorage
- must use a 'telescopic' pole or something similar that provides extended 'reach'
- may use a proprietary pre-rigged retrieval system – eg "Gotcha Kit" – or custom built system

Site: _____

Context: _____ (specify, eg Cliff, Cave, Canyon, etc)

Date: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

Declaration: *I certify that I successfully retrieved a person suspended in his harness and simulating unconsciousness. I completed the retrieval within 20 minutes using equipment resources that are relevant for my work context. I certify that I did not 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 VR session #3: Stretcher rescue – medic attendant (in-riding / out-riding)*

Requirements:

- Rescue must take place in an environment that is relevant for your particular work situation
- patient is simulating unconsciousness
- package patient
- rig a stretcher for rope suspension
- ride with stretcher – switch from in-riding position to out-riding position while suspended
- communicate with hauling/lowering team while riding with stretcher
- demonstrate mobility relative to the stretcher (height adjustment)
- demonstrate mobility around obstacles and edges (while being raised & lowered)

Site: _____
 Context: _____ (specify, eg Cliff, Cave, Canyon, etc)
 Date: _____
 Name of your patient (witness): _____
 Contact info: Tel: _____ Email: _____

Declaration: *I certify that I acted as a medic stretcher attendant during a rope rescue activity. I certify that I did not 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 VR session #4: Lowering skills

Requirements:

- Rescue must take place in an environment that is relevant for your particular work situation
- must establish solid and reliable rescue anchorage
- build a lowering system
- operate the lowering system
- use diversions to avoid rope damage through contact with obstacles and sharp edges
- lower patient in response to commands given by team captain / stretcher attendant
- use a safety backup rope where relevant and practicable to do so

Site: _____
 Context: _____ (specify, eg Cliff, Cave, Canyon, etc)
 Date: _____
 Name of your patient (witness): _____
 Contact info: Tel: _____ Email: _____

Declaration: *I certify that I built and used a lowering system as a part of a rope rescue activity. 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: _____

* Some public safety applicants may not use or train with stretchers – justification is required if you wish to claim exemption

[] Recent VR session #5: Mechanical advantage skillsRequirements:

- Rescue must take place in an environment that is relevant for your particular work situation
- must establish solid and reliable rescue anchorage
- build a haul system with sufficient M.A. to hoist a patient
- install a progress capture device (PCD) to enable resets and holding load in check during rest intervals
- operate the haul system (may use assistance to pull)
- use diversions to avoid rope damage through contact with obstacles and sharp edges
- reverse the system while under load (change from haul to lowering then back to haul)
- increase the M.A. while the system is under load
- use a backup safety belay rope where relevant and practicable to do so

Site: _____

Context: _____ (specify, eg Cliff, Cave, Canyon, etc)

Date: _____

Name of your patient (witness): _____

Contact info: Tel: _____ Email: _____

 complete a vertical rescue AV form (public safety)

Declaration: *I certify that built and operated a haulage system as part of a vertical rescue activity. 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: _____

[] LEADERSHIP SKILLS: (complete this section if you are not an instructor)

The following sessions will enable you to automatically renew your leadership and/or instructional skills as current:

[] Command a vertical rescue team (minimum of 1 rescue mission profile – or a simulated rescue)Requirements:

- the rescue mission/simulation must take place in a environment context that is relevant for your particular operational needs (eg on a cliff, at a mine site, on a chairlift/cable-way, etc)
- you must have made all logistical arrangements and planned the rescue mission/simulation
- you must be the person in charge with clear health and safety obligations to your team
- you must deliver an emergency action briefing (eg SMEAC / PAINTER etc)
- the rescue activity must include exposure to height where fall prevention measures were implemented
- there must be a post mission debrief

Type of rescue: _____ (specify)

Site: _____

Context: _____ (specify, eg Cliff, Cave, Canyon, etc)

Total No. of rescue personnel involved: _____

Date: _____

Name of one team member (witness): _____

Contact info: Tel: _____ Email: _____

complete a leadership AV form (public safety)

Declaration: *I certify that I had responsibility for commanding a vertical rescue team within the past 12 months. 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)**[] Recent delivery of one (1) formal instruction course**Requirements:

- there must have been a training component
- there must have been an assessment component (to determine if competency has been achieved)
- you must be the person in charge with clear health and safety obligations to your students
- there must have been a formal briefing and a debriefing
 - performance faults must have been identified and suggestions for improvement given
- the activity must include exposure to height where fall prevention measures were implemented
- training and assessment must have been competency based (measurable performance criteria)
- the course must have been completed – cannot be partially attempted but never finished
- an assessment decision must have been made based on measurable performance criteria

Type of course: _____ (specify)

Site: _____

Context: _____ (specify, eg Cliff, Cave, Canyon, etc)

Total No. of trainees: _____

Date: _____

Name of one student (witness): _____

Contact info: Tel: _____ Email: _____

complete an instructor AV form (public safety)

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 (for instructors 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 PACI training agreement?

- Yes
(provided you comply with the agreement, PACI will be able to issue statements of attainment on your behalf to your students – they are mailed to you for distribution to your students)
- No
(You will not be able to access any qualifications through PACI)

12. Have you made arrangements for insurance?

NOTE: Applicable only if you are carrying on a business or undertaking and are self-employed, in a business partnership or a Pty Ltd company. This also includes situations where you are freelancing to earn an income.

Yes

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

13. Your insurance policy details (applicable only if you are carrying on a business or undertaking and are self-employed, in a business partnership or a Pty Ltd company)

Note: In many instances, insurance coverage will be provided by your employer who may be a large corporation or State Government entity. We still require proof that you in fact covered for the roping activities you perform.

I currently carry (or am covered under my employers policy) professional liability insurance that covers me for teaching and/or supervising PACI courses during 2017-2018.

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 1: If you are an employee (ie you are working for an employer), you would be covered under your 'bosses' insurance policy. In this case, please provide proof that you are covered under your employers (ie your boss) policy.

Note 2: If you have insurance with a company other than through AustBrokers (Phillips) Insurance Brokers, you must supply a copy of your policy wording and proof of coverage.

14. Payment Details – first 12 months membership is free if you completed a PACI leader or instructor course

[Note: If you became a member partway through the membership year, ie between 1st April & 31st March, your renewal fee will be pro-rated. If this is the case, please contact PACI directly and we will send you an invoice.

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

Membership Classification	\$AUD
RPL / RCC fee (refer to Q9)	\$200.00
Team Leader	\$260.00
Instructor	\$300.00
Instructor Trainer	\$330.00
Instructor Assessor	\$360.00
TOTAL ENCLOSED	\$

Please provide details of how you made your payment:

Type of payment: (indicate)

electronic funds transfer (direct deposit)

Date of payment: _____

NOTE: We no longer accept payment by credit card or cheque!

Send completed application to:

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

Electronic bank transfer details:

BSB = 064819

Account No. = 1003 8390

Account name = Professional Association of Climbing Instructors Pty Ltd

Bank: = Commonwealth Bank

Payment reference = Please use your name (eg Joe Bloggs)

Please email your remittance to processing@paci.com.au (so we know you have made a payment).

2017-2018 PACI MEMBERSHIP AGREEMENT

THIS MEMBERSHIP AGREEMENT EXPIRES AT MIDNIGHT ON 31st March 2018

I _____ (*print your name*) 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 PACI 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 2017-2018. If I am an employee, I hereby confirm that I am covered under my employers insurance policy.
2. ____ I have current first aid and CPR skills and can administer basic life support to injured person(s) as required.
3. ____ I will abide by and implement all height safety standards and procedures as outlined in the most current PACI Protocols and other instructional documentation within the capacity of my current membership classification and endorsements.
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 it's 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' (free download from the PACI website) 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 National Parks Service 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. I further agree to follow all State and/or national harmonised WHS legislation applicable for my workplace (Note: A cliff can be a workplace).
13. ____ I have familiarised myself and made myself knowledgeable about the latest PACI instructional methods in addition to the current Training or Technical Bulletins and related mailings. I have read and become completely familiar with PACI educational materials and have clarified my understanding of any updated 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 only: (clauses #15 through #22 apply only to instructors)

15. ____ I understand and agree that I will not be able to supply any training and/or assessment activities unless I have completed and signed the PACI Training Contract for the current membership period. I further understand and agree that the said contract must be received and on file with PACI.
16. ____ 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.
17. ____ I will only use up-to-date training materials and resources which can be downloaded from the PACI website using my personal login (issued to me on acceptance of this application). When conducting formal training that leads to a qualification or statement of attainment, I will adhere to the requirements and guidelines of the most current PACI learning materials and other PACI publications and field guides (eg Vui Tui).
18. ____ 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.
19. ____ I am aware of the fact that the degree of training for a trainee/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 trainee/client as competent or omit from competency, any trainee/client who respectively qualifies or does not qualify for achievement of competency.
20. ____ I understand and agree that guide-level training constitutes a departure from ordinary operator-level training. Guide training is intended to prepare a person for working as a professional with clear duties and obligations under common law and/or WH&S legislation. When conducting guide-level training, I will ensure each trainee has access to a current version of PACI Protocols (either electronic, internet or paper format) *before* training commences. I understand and acknowledge that the PACI Protocols provide the underpinning operating procedures for all PACI activities at height.
21. ____ 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.
22. ____ I understand I accept that if I am undertaking training and assessment for the purpose of issuing nationally recognised qualifications and/or Statements of Attainment, I am legally bound by Australia's Standards for RTOs (hereinafter Standards). If I am not undertaking nationally accredited training and/or assessments, then I am not bound by the said Standards. I will maintain accurate trainee assessment records for each trainee I assess against nationally endorsed training packages. I acknowledge and agree that my student assessment records may be examined by an authorised auditor from ASQA (or a relevant State Training Authority) as part of a Standards 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 ASQA (or State) auditor and that any costs incurred for such submission will be at my own expense.

All PACI members:

23. ____ 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 directors board of review.
24. ____ 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.

2017-2018 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 (hereinafter PACI). Instruction/supervision at height is an exciting and demanding activity. To conduct classes 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 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 chain smoke or regularly smoke more than half a packet of cigarettes a day (this includes cigars)
 - have verified high levels of 'Low Density Lipoprotein' type cholesterol
 - have a family history of heart attacks or strokes
- have climbed **above** 7800m without supplementary oxygen **and** suffered symptoms of hypoxia (forcing you to descend) **and** had received treatment in a medical facility for altitude related sickness

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

- | | |
|---|---|
| <input type="checkbox"/> Severe asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> History of back surgery? |
| <input type="checkbox"/> Severe, frequent allergic reactions/attacks? | <input type="checkbox"/> History of diabetes? |
| <input type="checkbox"/> Any form of life threatening lung disease? | <input type="checkbox"/> History of back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> Pulmonary oedema? | <input type="checkbox"/> Inability to perform moderate exercise (walk one mile within 10 minutes)? |
| <input type="checkbox"/> Cerebral oedema? | <input type="checkbox"/> History of high blood pressure or take medication to control blood pressure? |
| <input type="checkbox"/> History of chest surgery? | <input type="checkbox"/> History of any heart disease? |
| <input type="checkbox"/> Head trauma causing unconsciousness (including brain injuries)? | <input type="checkbox"/> History of heart attacks? |
| <input type="checkbox"/> Claustrophobia or agoraphobia (fear of closed or open spaces)? | <input type="checkbox"/> Angina (including heart and blood vessel surgery)? |
| <input type="checkbox"/> Behavioural health problems? | <input type="checkbox"/> History of ear disease, with hearing loss and/or problems with balance? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> History of bleeding or other blood disorders? |
| <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them? | <input type="checkbox"/> History of any type of hernia? |
| <input type="checkbox"/> History of blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> History of severe ulcers or ulcer surgery? |
| <input type="checkbox"/> History of recurrent back problems? | <input type="checkbox"/> History of drug or alcohol abuses? |
| | <input type="checkbox"/> 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

* Means activities at height on any type of surface whether artificial or natural within a public safety (rescue) context.