



PACI

A.C.N. 061 622 151
ABN 19 061 622 151

PACI Pty Ltd
PO Box 362 Castletown
Hyde Park, Townsville QLD 4812
Australia
Tel: +61 7 47214746
Fax: +61 7 47714150
Email: info@paci.com.au
Web: www.paci.com.au

2017/2018 MEMBERSHIP APPLICATION FORM

THIS PACI MEMBERSHIP EXPIRES AT MIDNIGHT ON 31ST MARCH 2018

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)

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Note: We can no longer accept the old BSZ or TAA qualifications since they have been superseded by the new TAE training package.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'

AV No.

PACI Office use only

PACI membership No.

PACI Office use only

1. Contact Details (please print clearly in CAPITALS using permanent 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 Australian Privacy Principles (APP). 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 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 of competency. 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.

 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 p24) – complete the template beginning Q11. Also complete question 9 (indicate all endorsements that apply).
If you have completed training with an RTO/TAFE, please supply copies of your certificates/qualifications.
- No – I have completed a formal assessment of my guide and/or instructional skills (ie through an authorised PACI assessor). Go to Q7.**

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: (tick)

- Guide
 Instructor
 Instructor Trainer

Explanatory notes:

Guide (G) – a guide 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:

- 1 x Guide AV form (outdoor recreation context)

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:

- 1 x Instructor AV form (outdoor recreation context)

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 Instructor Trainer AV form (outdoor recreation context)

Note:

Instructor Assessor (IA) 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, **2015 RTO standards**, and PACI standards & procedures.

8. Proof of Currency – An overview (Not applicable if you have completed a formal training course)

[] I do not need to prove currency because I have completed a formal training course and was assessed. GO TO Q9.

[] I did not complete a formal training course – I will be providing evidence that my skills are current.

Currency means that you have maintained your knowledge and skills over time (ie you're up-to-date and have maintained your skills through regular practice). In effect, a person who is 'current' has not allowed his/her skills to deteriorate over time – and has maintained 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 as follows:

- Proof that your personal roping skills are current; and
- Proof that your vertical rescue skills are current; and
- Proof that your guide 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.

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!

GUIDES:

Environments in which you can operate as a Guide: (Note: snow & ice is not covered in SIS10)

I hereby declare that I have current skills and am competent to Guide activities in the following environments (indicate):

- natural surfaces (cliffs)
 - natural surfaces (canyons - narrow slot type canyons with near vertical or vertical walls)
 - big walls (≥300m high cliffs)
 - artificial surfaces
 - challenge ropes course structures:
 - low elements
 - high elements
 - caves (with vertical access/egress only)
 - aerial rope-ways / zip lines / flying fox's
 - tree canopy
 - sites with foot access to top and bottom
 - sites with no direct foot access to the bottom (this type of site is more complex).
- Examples: A sea cliff where the only access is to abseil down to a ledge above the waves.
 Accessing the upper routes on a big cliff by abseiling down to a belay ledge
- single-pitch environments
 - multi-pitch environments

WARNING: Legal notice. Indicating environments and activities which you know to be false amounts to an act of fraud. Fraud is a crime punishable in criminal court proceedings.

Activities that you are authorised to conduct as a Guide:

I hereby declare that I have current skills and am competent to operate as a Guide in the following activity specialisations (indicate):

- guiding abseiling activities on natural surfaces (single pitch applications)
- guiding abseiling activities on natural surfaces (multi pitch applications)
- guiding abseiling activities on artificial surfaces (single pitch applications)
- guiding canyoning activities (single-pitch)
- guiding canyoning activities (multi-pitch)
- guiding caving activities (single pitch – vertical access/egress)
- guiding caving activities (multi pitch – vertical access/egress)
- guiding top rope climbing activities on natural surfaces (bottom-managed belay)
- guiding top rope climbing activities on natural surfaces (top-managed belay) – *Note: This is more complex than bottom-managed belay*
- guiding top rope climbing activities on artificial surfaces (bottom-managed belay)
- guiding lead climbing activities on natural surfaces – Trad routes (single pitch applications)
- guiding lead climbing activities on natural surfaces – Trad routes (multi pitch applications)
 - ↳ single rope ↳ double ropes
- guiding lead climbing activities on natural surfaces – Bolted sport routes (single pitch applications)
- guiding lead climbing activities on natural surfaces – Bolted sport routes (multi pitch applications)
- guiding lead climbing activities on artificial surfaces (single pitch applications)
- guiding lead climbing activities on artificial surfaces (multi pitch applications)
- guiding big wall climbing activities (≥ 300m height)
- guiding mountaineering activities (on snow & ice)
- conducting activities on low ropes elements (challenge ropes courses)
- conducting activities on high ropes elements (challenge ropes courses)
- conducting flying fox / aerial rope-way activities
- conducting tree climbing activities

Note:

Rescue skills are *implied* in each activity you indicate. For example; 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.

INSTRUCTORS:

Environments in which you can operate: (Note: Snow & ice not covered in SIS10 training package)

I hereby declare that I have current skills and am competent to operate as an instructor in the following environments (indicate):

- natural surfaces (cliffs)
 - natural surfaces (canyons - narrow slot type canyons with near vertical or vertical walls)
 - big walls (≥300m high cliffs)
 - artificial surfaces
 - challenge ropes course structures:
 - low elements
 - high elements
 - caves (with vertical access/egress only)
 - aerial rope-ways
 - tree canopy
 - sites with foot access to top and bottom
 - sites with no direct foot access to the bottom (this type of site is more complex).
- Examples: A sea cliff where the only access is to abseil down to a ledge above the waves.
 Accessing the upper routes on a big cliff by abseiling down to a belay ledge
- single-pitch environments
 - multi-pitch environments

WARNING: Legal notice. Indicating environments and courses which you know to be false amounts to an act of fraud. Fraud is a crime punishable in criminal court proceedings.

Courses that you are authorised to instruct and assess:

I hereby declare that I have current skills and am competent to operate as an instructor and teach and assess the following competency based courses (indicate):

- instructing abseiling courses on natural surfaces (single-pitch)
- instructing abseiling courses on natural surfaces (multi-pitch)
- instructing abseiling courses on artificial surfaces (single-pitch)
- instructing canyoning courses (single-pitch) – vertical access only
- instructing canyoning courses (multi-pitch) – vertical access only
- instructing caving courses (single-pitch) – vertical access/egress only
- instructing caving courses (multi-pitch) – vertical access/egress only
- instructing top rope climbing courses on natural surfaces (bottom-managed belay)
- instructing top rope climbing courses on natural surfaces (top-managed belay)
- instructing top rope climbing courses on artificial surfaces (bottom-managed belay)
- instructing lead climbing courses on artificial surfaces (single-pitch)
- instructing lead climbing courses on artificial surfaces (multi-pitch)
- instructing lead climbing courses on natural surfaces – Trad routes (single-pitch)
- instructing lead climbing courses on natural surfaces – Trad routes (multi-pitch)
 - ↳ single rope ↳ double ropes
- instructing lead climbing courses on natural surfaces – Bolted Sport routes (single-pitch)
- instructing lead climbing courses on natural surfaces – Bolted Sport routes (multi-pitch)
- instructing big wall climbing courses (≥300m high cliffs)
- instructing ice climbing courses
- instructing safety, belay and mobility techniques on challenge rope courses:
 - low elements
 - high elements
 - flying fox's
- instructing vertical mobility (self rescue) courses
- instructing vertical rescue courses

I am competent to instruct & assess trainee *leaders/guides* to conduct activities within my indicated range of endorsements:

Example:

Instructing trainee challenge ropes course leaders (on low & high elements)

Note: This means you are declaring that you have the experience, knowledge and skills to teach trainee Guides so that they in turn can setup and conduct roping activities with clients at height.

Note:

Rescue skills are implied in each activity you indicate. For example; if you claim you can instruct (climbing) trainees on a multi-pitch trad route; this means you can also perform a rescue in the event of an emergency.

10. INSTRUCTORS ONLY. This question refers to the 2015 Standards for RTO'sRefer (www.asqa.gov.au):**[] Clause 1.13 (write your initials where indicated):**

_____ (initial) I have the necessary educational and support services to meet the needs of the learner cohort/s undertaking the training and assessment;

_____ (initial) I have the learning resources to enable learners to meet the requirements for each unit of competency, and which are accessible to the learner regardless of location or mode of delivery;

_____ (initial) I have facilities, whether physical or virtual, and equipment to accommodate and support the number of learners undertaking the training and assessment.

Note: The term RTO in this context refers to 'PACI'. PACI provides current members with access to its training materials, checklists and other assessment related information (eg exam papers).

[] _____ (initial) Any staff who are engaged to supply nationally accredited training must meet the requirements of the relevant training package (eg SIS10)

[] _____ (initial) Facilities must meet the requirements of the relevant training package

[] _____ (initial) Equipment must meet the requirements of the relevant training package

Note: Equipment must conform to a relevant ISO standard or be manufactured to conform to an ISO member nation's standard. For example, in Australia, the relevant standard for connectors, webbing/slings, lanyards, harnesses, etc is AS 1891.1. Within the European economic zone, all standards are prefixed with the letters 'EN'. In some cases, gear may be improvised for certain skill assessments – eg constructing an improvised harness and abseiling with a munter hitch. It should be pointed out that the webbing or cord used to construct the improvised harness must still conform to an ISO standard. In the case of a munter hitch, the rope and carabiner must conform to a relevant ISO member nation's standard.

[] Clause 1.14 (write your initials where indicated):

Training and assessment is delivered by trainers and assessors who comply with the following:

a) _____ (initial) I have the necessary training and assessment competencies as determined by the National Skills Standards Council (formerly known as the NQC) or its successors.

_____ (initial) I currently possess the **TAE40110 certificate IV in training and assessment (attach copy if recently certified)** Note: Older BSZ and TAA qualifications have been superseded; and

b) _____ (initial) I have the additional **TAELLN411** Adult Language Literacy and Numeracy unit of competence from the TAE training package.

c) _____ (initial) I have the relevant vocational competencies at least to the level being delivered or assessed, and

d) _____ (initial) I can demonstrate current industry skills directly relevant to the training/assessment being undertaken, and

[] **Clause 1.16** _____ (initial) I undertake ongoing professional development (PD) in the fields of the knowledge and practice of vocational training, learning and assessment including competency based training and assessment to maintain my currency. I also undertake PD training in my specialist area of skill to maintain currency (eg abseiling, lead climbing, canyoning, caving, challenge ropes courses, etc).

For example:

1) you must visit www.training.com.au and <http://www.asqa.gov.au> to review and/or download material of a VET nature and keep abreast of new developments. You will be able to request newsletters and become a subscriber to regular bulletins and updates.

2) You can also enrol in PD workshops held by experienced and knowledgeable trainers to further your knowledge and skills (keep copies of your enrolment as proof).

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

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

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.

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 & 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 and/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: Self-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: Self-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: _____

Caving skills (for caves with vertical access and egress only)

[] Recent undertaking of caving activities

Cave: _____ (name of cave)

Site/location: _____

Within light zone: [] Yes [] No

Operating in total darkness (cap lamps required): [] Yes [] No

Wet cave: [] Yes [] No

Dry cave: [] Yes [] No

No of pitches: _____

#1 Establish access into cave

Anchors:

[] pre-existing artificial anchors (eg bolts/chains)

[] natural anchors (had to build anchor system)

[] deploy rope(s) – ropes successfully deployed into cave

[] fixed abseil rope

[] retrievable abseil rope(s)

[] caving ladder

[] climbing

[] lowered/belayed into cave (operated by a competent belay person)

#2 Descent into cave

[] single rope technique

[] using caving ladders

[] climbing techniques employed (belayed)

[] transition through rebelays and/or deviations: [] Yes [] No

[] rope transfers at pitch change-overs (multi-pitch descent)

[] retrieval of rope at pitch change-overs

#3 Mobility / Progress through cave

[] trogged/established/mapped cave

[] untrogged cave

[] guidelines used

#4 Egress from cave

[] single rope technique

[] using caving ladders

[] hoisted (mechanical advantage) – operated by competent person

[] transitions through re-belays / re-anchors

[] transitions through deviations

Comments:

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

Witness: _____

Contact info: Tel: _____ Email: _____

[] complete and sign an AV form for a cave 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 this section if you are 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 difficultyRequirements:

- 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. assisted hoist system to aid 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 / Flying fox's:**[] 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

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

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

[] Evidence of recent conduct of an activity at height 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 safety briefing and a debriefing
- the activity must include exposure to height where client fall prevention measures were implemented (eg a top managed 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/clients involved: _____

Date: _____

Name of one participant/client (witness): _____

Contact info: Tel: _____ Email: _____

complete and sign a leadership AV form

Declaration: *I certify that I was responsible for 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 SIS10 Outdoor recreation training package
- the course must have been completed – cannot be partially attempted and 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: _____

12. 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)

13. Have you made arrangements for insurance?

(Note: Employees would normally be covered under their employers insurance)

Yes

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

14. Your insurance policy details

If you are (or intend) operating your own outdoor recreation business, you must be insured. If you are employed by a company (ie you work for an employer/boss), you would be covered under your employers insurance policy. If you are a school teacher in a State Government school, or working for a Government run facility, you would be covered under the facilities insurance policy via the State.

If you are self-employed, in a business partnership or setup as a Pty Ltd company, you must have your own insurance. It means you are running your own business.

Sign the application declaration below:

Declaration for business operators:

_____ (initials): *I currently carry Public Liability insurance that covers me for Instructing and/or Guiding activities as part of my business operations within an outdoor recreation context during the 2016/17 period.*

Policy provided by : _____

Policy Number : _____

Expiry Date : _____

Indemnity Limit : \$ _____

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

Agent Contact : Ph () _____ Fax () _____

Declaration for employed Guides/Instructors – not operating own business:

_____ (initials): *I work on a full-time, part-time or casual basis for an employer. I do not run or operate my own business. I am covered under my employers Public Liability Insurance policy. I understand that if I decide to start my own business, I must obtain my own insurance that covers me for the type of business activities I will undertake.*

15. 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.

Membership is free (first 12 months) to trainees who have just successfully completed a PACI leader or instructor course.

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

Membership Classification	FEE \$AUD
RPL fee – if applicable (refer to Q6 & 11)	\$200.00
(G) Guide	\$220.00
(I) Instructor	\$250.00
(IT) Instructor Trainer	\$270.00
(IA) Instructor Assessor	\$290.00
TOTAL ENCLOSED	

Please provide details of how you made your payment:

Type of payment: (indicate)
 electronic funds transfer (direct deposit)

Date of payment:

Prices are GST inclusive

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
 Reference Line = Please use your name

Please fax or email your remittance when electronically transferring

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 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' (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 is 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 an outdoor recreation context.