

# STATUTORY DECLARATION Personal abseiling skills (leadership)

I, \_\_\_\_\_

of \_\_\_\_\_

**in the State / Territory of \_\_\_\_\_, do solemnly and sincerely declare**

[read and initial each paragraph]

\_\_\_\_\_ that I am applying for full Recognition of Prior Learning (RPL) of my personal skills in the context of leading outdoor recreation abseiling activities.

\_\_\_\_\_ that I make this application on the basis of my proven capability in applying roping skills in my capacity as a leader/guide.

\_\_\_\_\_ that I have proven capability in:

1. Selecting, utilising and maintaining abseiling/roping equipment
2. Selecting, tying and applying appropriate knots to suit the situation
3. Identifying and selecting solid and reliable anchor points
4. Establishing an anchor system with no single-point of failure
5. Selecting an abseil site
6. Deploying an abseil rope
7. Performing an abseil descent
8. Locking-off (tying-off) during an abseil descent
9. Operating a self belay system
10. Arresting an uncontrolled abseil descent.

\_\_\_\_\_ that I am competent in operating:

1. Circular descending devices (e.g. Figure 8, Harpoon)
2. Planular descending devices (e.g. Sticht plate)
3. Tubular descending devices (e.g. ATC, Bug, Pyramid)
4. In-line adjustable devices (e.g. Rack, Goldtail, Whaletail)
5. Auto-locking descending devices (e.g. Gri Gri, Petzl Stop, SRT double brake descender)

\_\_\_\_\_ that I have proven capability in selecting, rigging and managing a fall protection system suited to safeguarding participants/clients involved in activities at height.

\_\_\_\_\_ that I have proven capability in selecting a site suited to the abilities and aspirations of my clients/participants and the overall aims of the activity.

\_\_\_\_\_ that I have proven capability in applying complex judgement required to conduct and supervise abseiling activities to the standard required by industry.

\_\_\_\_\_ that it is my responsibility to remain up-to-date with current best practice in the conduct of activities that involve exposure to falls from height.

\_\_\_\_\_ 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 or any other natural person.

**I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.**

|   |  |
|---|--|
| <b>Signature of person making declaration</b> |  |
|---|--|

Declared at \_\_\_\_\_ in the State/Territory of \_\_\_\_\_

on the \_\_\_\_\_ Day of \_\_\_\_\_ 19 \_\_\_\_\_

Before me,

|            |  |
|------------|--|
| Signature  |  |
| Print Name |  |
| Address    |  |
| Status*    |  |

\* Justice of the Peace

\* Person authorised under Section 107A (1) of the evidence Act 1958 to witness the signing of a Statutory Declaration