

Staff/volunteer competence



This form is to be completed by all adult participants.

Name:

Category (circle one)

Teacher

Other school staff

Parent/caregiver

Other volunteer (please specify)

I have the following skills/experience/qualifications [Tick ✓ or Cross x]

Qualification	Current	Not current	Notes (recent experience)
Car driver's license	<input type="checkbox"/>	<input type="checkbox"/>	
Passenger service license	<input type="checkbox"/>	<input type="checkbox"/>	
First aid certificate	<input type="checkbox"/>	<input type="checkbox"/>	Valid until: Date lapsed:
Teacher registration	<input type="checkbox"/>	<input type="checkbox"/>	
CPR certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Life saving certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor / coaching qualifications relevant to the activity (list below or attach)			
Swimming ability (please describe)			
Other significant skills or experience relevant to the activity (list below)			

I certify that the above information is correct.

Signed:

Name:

Date: