|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5. EOTC Staff Competence Record** | | | | | | | |
| *To be completed by all school staff.* | | | | | | | |
| *Privacy Statement:*  *Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won’t be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.* | | | | | | | |
| **Name:** | |  | | | | | |
|  | | | | | | | |
| **Category (circle one):** | | | Teacher Other school staff | | |  | |
| **Category (circle one):** | | | Person in charge Activity Leader | | | Assistant | |
| **Skills/experience/qualifications:** | | | | | | | |
| **Qualification** | | | **Current** | **Not current** | **Notes (recent experience)** | | |
| Car driver’s licence  (attach a copy) | | |  |  | I’m competent (circle):  Towing a trailer, driving on gravel roads, driving on ski field roads, fitting chains, driving a manual vehicle, driving a van | | |
| First aid certificate  (attach a copy) | | |  |  |  | | |
| **Other relevant qualifications** | | |  |  |  | | |
|  | | | | | | | |
| **Emergency Contact Details (Next of Kin)** | | |  | | | | |
| **Personal Mobile Number** | | |  | | | | |
| **Personal Medical Information** | | |  | | | | |
| **Swimming ability (please circle):** | | | | | | | |
| * Can you swim 200m confidently and competently? | | | | | | Yes / No | |
| * Can you tread water for 3 minutes? | | | | | | Yes / No | |
| * Could you swim out in deep water and rescue a student? | | | | | | Yes / No | |
| **Other significant skills or experience relevant to EOTC events (list below, or attach):** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| ❑ I certify that the above information is correct  ❑ I am willing to comply with and follow all reasonable safety procedures the school has set  ❑ I will take reasonable care that my behaviour does not adversely affect the health and safety of myself or other  ❑ I am willing to lead or assist in aspects of running the event according to the role I have been asked to take by the school  ❑ I agree there is no place for alcohol or non-prescribed drugs on a school EOTC event  ❑ I accept the terms of my involvement as stated above. | | | | | | | |

**Signed: Date:**