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| **This form is to be completed by persons planning to undertake snorkelling activities as part of a large snorkelling Group (>6 snorkellers) as either:**1. **part of UQ undergraduate course, and/or**
2. **part of a booking with a UQ Research Station.**
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| The University of Queensland is collecting your personal information to fulfil UQ’s safety obligations in accordance with the Work Health and Safety Act (Qld) 2011. It is the University’s usual practice to disclose this information only in accordance with the Privacy Management Policy. |
| **ADMINISTRATIVE INFORMATION** |
| **Snorkeller’s** **full name** | Click or tap here to enter text. | **UQ Organisational Unit, or** | Click or tap here to enter text. |
| Group Manager’s name | Click or tap here to enter text. | **External Group name** | Click or tap here to enter text. |
| **COMPETENCY** |
| Can you swim 50m unassisted without the use of floatation aids e.g. life vest, pool noodle, wetsuit etc.?  Yes [ ]  No [ ]  |
| Have you ever snorkelled in the ocean before? Yes [ ]  No [ ]  | When was the last time you went snorkelling:Click or tap here to enter text. | List some locations where you have been snorkelling:Click or tap here to enter text. |
| **CERTIFICATIONS** |
| List any Snorkel or Diving certifications you hold (include any First Aid/Oxygen delivery certifications);Click or tap here to enter text. |
| MEDICAL CONDITION WARNINGSnorkelling can be a strenuous physical activity and may increase the health and safety risks for persons with:* A medical condition that may be triggered by physical exertion, e.g. asthma, diabetes, heart condition
* A medical condition that can lead to a loss of consciousness, e.g. epilepsy, diabetic conditions
* Asthma that can be brought on by cold water/air or saltwater mist

Prior to engaging in any snorkelling activity, it is the responsibility of each snorkel worker to assess their own physical fitness. Any person should tell the lookout, snorkelling supervisor or snorkelling guide if they have any concerns about a health or medical condition. |
| **QUESTIONS** |
| Do you have a health/medical condition that may be triggered by exertion? If yes, please list: | Yes No[ ]  [ ]  | Click or tap here to enter text. |
| Do you have any health/medical conditions that may affect your consciousness? If yes, please list: | Yes No[ ]  [ ]  | Click or tap here to enter text. |
| Are you taking any prescribed medications (except contraceptives)? If yes, please list: | Yes No[ ]  [ ]  | Click or tap here to enter text. |
| Are you suffering from asthma that can be brought on by cold temperatures or saltwater mist?If yes, please detail: | Yes No[ ]  [ ]  | Click or tap here to enter text. |
| Snorkeller declaration:(Type Name and date)Signature – if this is a hard copy |  |

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| **Snorkeller competencies shall be assessed against the skill set listed below. Snorkeller assessments shall be conducted by the group’s Primary Snorkel Supervisor, or a delegate approved by a UQ BDO. The Assessor must rank the snorkeller’s competency level and enter a record against each skill, as detailed below.** |
| **VERIFICATION OF COMPETENCY** |
| **Competency levels** | Completed skill easily & efficientlyCompleted skillCompleted skill only with difficultyNot able to complete skill |

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| --- |
| 3 |
| 2 |
| 1 |
| 0 |

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|  |  | **ranking** |  | **ranking** |
| **Basic Swimming skills** | Swim 50m unassisted | Select... | Tread water for 3 minutes | Select... |
| **Basic Snorkelling****skills** | Fit and clear mask | Select... | Fit and clear snorkel | Select... |
| Breathing via a snorkel | Select... | Effective fin technique | Select... |
| Swim 200m using snorkel and fins | Select... | Snorkelling in buddy teams | Select... |
| **Breath-hold diving skills (Optional)** | Equalisation techniques: | Select... | Clearing a snorkel | Select... |
| Breath-hold buddy diving techniques (one up/one down) | Select... | Explain shallow-water blackout | Select... |
| **AT-RISK SNORKELLERS****A person will be classified as an at-risk snorkeller if:** 1. **they scored 0 or 1 for either basic swimming skill or any of the Snorkelling performance criteria, or**
2. **they have indicated (on page 1) that they have a health/medical condition that may impact their ability to undertake snorkelling activities safely.**

**All At-risk snorkellers will be managed as per the UQ PPL document:** **Snorkel Procedures for Groups (>6 snorkellers)** |
| **Assessments completed:** | Basic Swimming skills assessment | [ ]  |
| Snorkelling assessment | [ ]  |
| Breath-hold diving assessment (optional) | [ ]  |
| **Final Snorkeller Assessment** | **At-risk snorkeller** | **Competent snorkeller** | **Competent** **breath-hold diver** |
| [ ]  | [ ]  | [ ]  |
| **Assessor Name:** | Click or tap here to enter text. | **Assessor signature** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |