|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This form is to be completed by persons planning to undertake snorkelling at UQ for the purposes of:**  **(i) research activities (ii) supervision of large snorkel groups (>6) (iii) other occupational activities.**  **Any other person planning to undertake snorkelling activities as a member of a large snorkelling Group (>6 snorkellers) should complete the Pre-Snorkel Questionnaire.** | | | | | | | | | | | | | | | | | | | | |
| 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 100m 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 WARNING  Snorkelling 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. | | | | | | | | | | | | | | | | | | | | |
| MEDICAL QUESTIONNAIRE | | | | | | | | | | | | | | | | | | | | |
| Are 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. | | | | | | | |
| Are 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 triggered by cold temperatures or saltwater mist?  If yes, please detail: | | | | | | | | | | Yes No | | | Click or tap here to enter text. | | | | | | | |
| Snorkeller declaration:  (Type Name)  If this is a hard copy; please sign | | | | | Click or tap here to enter text. | | | | | | | | | | | | Date | | Click or tap to enter a date. | |
| A snorkel worker’s competencies must comply with the requirements detailed in any relevant UQ PPLSnorkel Procedure document. Snorkeller assessments shall be conducted by the Snorkel Supervisor listed in the worker’s corresponding snorkel plan, 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. The completed document must be made available to the relevant BDO at least four weeks prior to the scheduled commencement of activities. | | | | | | | | | | | | | | | | | | |
| VERIFICATION OF COMPETENCY | | | | | | | | | | | | | | | | | | |
| Competency levels | Completed skill easily & efficiently  Completed skill  Completed skill only with difficulty  Not able to complete skill | | | | | | | | | |  | | --- | | 3 | | 2 | | 1 | | 0 | | | | | | | |  | |
|  |  | | | | | | | ranking | |  | | | | | | | ranking | |
| **Snorkelling**  performance criteria | Fit and clear mask | | | | | | | Select... | | Fit and clear snorkel | | | | | | | Select... | |
| Swim 200m using snorkel and fins | | | | | | | Select... | | Snorkelling in buddy teams | | | | | | | Select... | |
|  |  | | | | | | | ranking | |  | | | | | | | ranking | |
| Breath-hold diving performance criteria | Equalisation techniques: | | | | | | | Select... | | Clearing a snorkel | | | | | | | Select... | |
| Breath-hold buddy diving techniques: | | | | | | | Select... | | Explain shallow water blackout | | | | | | | Select... | |
| Correct weighting and use of weight belt: | | | | | | | | | | | | | | | | Select... | |
|  |  | | | | | | | ranking | |  | | | | | | | ranking | |
| Rescue performance criteria | Identify hazards and/or a snorkeller in difficulty | | | | | | | Select... | | Respond to a panicking snorkeller: | | | | | | | Select... | |
| Tow an unconscious person 50m | | | | | | | Select... | | Assist vessel crew to recover an unconscious person | | | | | | | Select... | |
| Assessments completed: | Snorkelling assessment | | | | | | | | | | | | | | | |  | |
| Breath-hold diving assessment | | | | | | | | | | | | | | | |  | |
| Rescue assessment | | | | | | | | | | | | | | | |  | |
|  |  | | | | Not competent/ unsafe | | | | | | Competent: Snorkel guide | | | | Competent:  Snorkel supervisor | | | |
| Final Assessment | Snorkelling competency | | | |  | | | | | |  | | | |  | | | |
|  | Breath-hold diving competency | | | |  | | | | | |  | | | |  | | | |
| Assessor declaration:  (Type Name)  **If this is a hard copy; please sign** | Click or tap here to enter text. | | | | | | | | | | Date | | |  | | | | |