

# Boating & Diving Snorkel Registration Form - Workers



This form is to be completed by staff, students and volunteers snorkelling with the University of Queensland for research or teaching. These forms are to be held by your supervisor or with the appropriate person within your Organisational Unit. Undergraduate students snorkelling as part of course work should complete the Pre-Snorkel Questionnaire.

The University of Queensland is collecting your personal information in order 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 UQ Policy for Privacy Management.

## ADMINISTRATIVE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Supervisor	<input type="text"/>	Organisational Unit	<input type="text"/>

## COMPETENCY - MINIMUM

Date started snorkelling:	Date <i>dd mm yy</i> <input type="text"/>	Do you hold a SCUBA ticket:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## CERTIFICATIONS

Where necessary - please note, only relevant for rescuers, supervisors.

Current certificate for first aid equivalent to HLTAID003	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Current certificate for oxygen HLTAID007/PUAEME003C/OFADA01A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## QUESTIONS

Are you suffering from any conditions that may be made worse by exertion? If yes, please list:

Yes  No

Are you suffering from any condition that may affect your consciousness? If yes, please list:

Yes  No

Are you taking any prescribed medications (except contraceptives)? If yes, please list:

Yes  No

Are you suffering from asthma that can be brought on by cold water or salt water mist? If yes, please detail:

Yes  No

Do you smoke?

Yes  No

## Medical Condition Warning

Snorkelling can be a strenuous physical activity and may increase the health and safety risks for persons suffering from:

- Any medical condition that may be made worse by physical exertion, for example, heart disease, asthma and some lung complaints
- Any medical condition that can result in loss of consciousness, for example, some forms of epilepsy and some diabetic conditions
- Asthma that can be brought on by cold water or salt water mist; and

Any person should tell the lookout, snorkelling supervisor or snorkelling guide if the person has any concerns about a medical condition. A person who may be at higher risk from one of the above medical conditions, or who is not a strong swimmer should not go snorkelling if the sea conditions are rough or there are strong currents.

Snorkeller signature

**VERIFICATION OF COMPETENCY**

Assessment criteria

Completed skill easily and efficiently	3
Completed skill	2
Completed skill only with difficulty	1
Not able to complete skill	0

Snorkelling performance criteria

<i>Note, supervisor please rank</i>	Competency rank		Competency rank
Fit and clear mask:	<input type="text"/>	Snorkelling in buddy teams:	<input type="text"/>
Fit and clear snorkel:	<input type="text"/>	Effective fin technique:	<input type="text"/>
Breathe via a snorkel:	<input type="text"/>	Swim 200m using snorkel and fins:	<input type="text"/>

Breath-hold diving performance criteria

<i>Note, supervisor please rank</i>	Competency rank		Competency rank
Equalisation techniques:	<input type="text"/>	Clearing a snorkel:	<input type="text"/>
Breath-hold buddy diving techniques:	<input type="text"/>	Correct weighting and use of weight belt:	<input type="text"/>
Shallow water blackout:	<input type="text"/>		

Rescue performance criteria

<i>Note, supervisor please rank</i>	Competency rank
Tow an unconscious person 50m:	<input type="text"/>
Respond to a panicking person:	<input type="text"/>
Assist vessel crew to recover an unconscious person:	<input type="text"/>

Notes

**SUPERVISOR ASSESSMENT**

Assessments completed:

	Yes	No
Snorkelling assessment:	<input type="checkbox"/>	<input type="checkbox"/>
Breath-hold diving assessment:	<input type="checkbox"/>	<input type="checkbox"/>
Rescue assessment:	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor approved role:

	Not competent/ unsafe	Competent: Snorkel guide	Competent: Snorkel rescuer	Competent: Snorkel supervisor
Snorkelling competency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath-hold diving competency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor signature

Date  
dd mm yy