

Outdoors Leadership Qualification and Appointment Form

This form is for notifying State Office of the completion of the Outdoors Leadership Qualification appointment as an Outdoors Leader.

PERSONAL DETAILS		
Preferred Title:	Given Names:	Surname:
Previous surname (if ever appointed under that name):		
Address: State: Postcode:		Email:
Phone (BH): ()	Mobile: ()	
Phone (AH): ()	Fax: ()	
Date of Birth:	Membership No:	Expiry: / / 20

QUALIFICATIONS ACHIEVED	
OUTDOORS LEADERSHIP QUALIFICATION	
ATTACHED DOCUMENTS (Please attach or if already sent, note the date sent)	Copy of Passport Induction Section 4 (LD11)
	Signed Code of Conduct
	Copy of First Aid Certificate

APPOINTMENT DETAILS	
Position:	Outdoors Leader
Location: (District or Region)	
Appointed from _____	

CONFIRMATION	
I have completed the Outdoors Leadership Qualification and all requirements for this position. I agree to fulfil the role in line with the Position Description and Code of Conduct.	Signature: Date:
As the Learning Partner, I am satisfied that all aspects of the AQLP Outdoors Leadership Qualification, including the <i>Being Safe</i> module, have been completed.	Name: Member No: Signature: Date:
As the District / Region Manager, I confirm all requirements for the above position have been met. The 'New to Role' Review is scheduled for: mm / yy	Name: Member No: Signature: Date:

FOR OFFICE USE ONLY	
Date records updated:	Updated by:
Outdoors LQ certificate, Leader badge, letter sent date:	