



# Australian Canoeing Awards

## Re-registration for Guides, Instructors and Assessors

Skills and knowledge are lost over time unless a person actively works to maintain them. The best way to demonstrate that your skills and knowledge are current is to maintain your qualification.

Re-registration is part of the continuing education of Canoeing Instructors and Guides. Its purpose is:

- to extend the knowledge and skills of Instructors and Guides.
- to provide an avenue for post accreditation servicing
- to ensure that Instructors and Guides are up to date with the latest techniques, teaching methods, safety issues, legal responsibilities and risk management information.

All Australian Canoeing Guiding and Instructional Awards expire after a term of three (3) years. To re-register, the holder must be able to demonstrate that they have maintained a level of competency equivalent to or above the qualification that they hold.

**If you hold a current scheme award (or one that has expired in the previous 3 months) and wish to re-register. This will extend the expiry date of your award by 3 years:**

- 1) You need to complete this form only;
- 2) You need to pay the appropriate fees as per the ACAS schedule of fees (at the end of this document)  
\*\*\* Assessors do not need to pay a re-registration fee for their assessor qualification

### HOW TO APPLY.

Assessors, Instructors and Guides applying for re-registration must submit the application and all required information to Australian Canoeing Activities that are acceptable for re-registration purposes have been listed in various categories in the table at the end of this form. To be successfully re-registered, Instructors and Guides must show sufficient involvement in a range of canoeing activities in the preceding three years to gain a minimum of 100 points. Activities cannot be counted for credit in more than one category. For activities less than a full day, a half-day will be counted. This would include shorter trips or periods of instruction as well as competitive events and meetings

### INSTRUCTORS Holding More Than One Accreditation

For Australian Canoeing Instructors holding more than one accreditation (Sea Kayak, Canoe, Kayak) the minimum requirements in Category 2 - Personal Paddling must be met for each. Instructors in more than one type of craft need only meet the 100-point minimum requirement. Additionally, log entries for Category 3 – Instruction should show evidence of instruction in each type of accreditation for which re-registration is sought.

If you have any enquiries regarding your re-registration please contact AC:

**Ph: 02 97630670**

**E: [education@canoe.org.au](mailto:education@canoe.org.au)**

Send applications to:

**Award Scheme**

**Australian Canoeing**

**PO Box 6805**

**Silverwater NSW 2128**

# 1 Re-registration Application and Declaration

I  of   
Name Address

hereby apply for Registration as an AC Guide or Instructor. In so applying and in consideration of my application for registration being accepted I acknowledge and agree that:

1. "AC" for the purposes of this registration application and declaration means and includes Australian Canoeing Incorporated, its members (including State Associations and Affiliated Clubs) and where the context so permits, their respective directors, officers, members, servants or agents.
2. If accepted I will be registered as an AC Guide or Instructor.
3. This document cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by AC.
4. I acknowledge that as an instructor or guide I am an ambassador for AC and agree to present a positive image of myself, AC and the Awards Scheme
5. The AC Constitution is a contract between me and AC. I will be bound by it and any Policies, Guidelines or By-laws made under it. It is necessary and reasonable for promoting AC and canoeing.
  - a. For the avoidance of doubt, I acknowledge and agree to comply with the Constitution and By-laws of AC, in particular the Code of Behaviour in the AC Member Protection By-law
  - b. I agree to comply with the Safety Guidelines,  
if my application is accepted..
6. Warning: Canoeing can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in canoeing.
7. Exclusion of Liability: Except where provided or required by law and such cannot be excluded, I agree that it is a condition of my registration (if accepted) that AC is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my registration and/or participation in any AC Activity.
8. Release and Indemnity: In consideration of AC accepting my application for registration I;
  - a. Release and forever discharge AC from all Claims that I may have or may have had but for this release arising from or in connection with my registration and/or participation in any AC Activity; and
  - b. Indemnify and hold harmless AC to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my registration and/or participation in any AC Activity.

In this clause 8 "Claims" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant AC insurance policy or under the AC Constitution or any By-laws.

9. Fitness to Participate: I declare that I am and must continue to be medically and physically fit and able to participate in any AC Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify AC in writing of any change to my fitness and ability to participate. I understand and accept that AC will continue to rely upon this declaration as evidence of my fitness and ability to participate.
10. I have provided the information required overleaf and signed both sides of this form. I warrant that all information provided is true and correct.
11. Privacy: I understand that the information I have provided overleaf is necessary for the Objects of AC. I acknowledge and agree that the information will be used only for the Objects of AC and to provide me with registration services. I understand that I will be able to access my information. If the information is not provided my registration application may be rejected.

I acknowledge that AC may also use my personal information in accordance with the AC Privacy By-law. I may advise AC if I do not wish to receive from AC any AC sponsors or third parties' promotional material.

12. Copyright: in photographs and right to use: I acknowledge and consent to photographs being taken of me during my participation in AC activities. I acknowledge that the photographs are owned by AC and that AC may use the photographs for promotional or other purposes without my further consent being obtained.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for registration is successful I will be entitled to all benefits, advantages, privileges and services of AC registration

Signature

Name

Date

## 2 Contact Details

First Name	<input type="text"/>	Postal Address	<input type="text"/>	
Last Name	<input type="text"/>		<input type="text"/>	
Occupation	<input type="text"/>	Suburb/Town	<input type="text"/>	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	State <input type="text"/> Postcode <input type="text"/>
Home Telephone	( ) <input type="text"/>	Work Telephone	( ) <input type="text"/>	
Facsimile	( ) <input type="text"/>	Mobile	<input type="text"/>	
Email	<input type="text"/>		Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>

## 3 Medical Details

If you suffer or have suffered from any disease or physical or mental disability (eg epilepsy, diabetes, or permanent disability to a limb, eye or ear) likely to affect your efficiency, it may affect your safety and the safety of the public. You should consult your medical practitioner and AC prior to commencing any canoeing activity

Have you read this section?  Yes  No

## 4 Emergency Contact Details

First Name	<input type="text"/>	Postal Address	<input type="text"/>	
Last Name	<input type="text"/>		<input type="text"/>	
Relationship	<input type="text"/>	Suburb/Town	<input type="text"/>	
Mobile	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Home Telephone	( ) <input type="text"/>	Work Telephone	( ) <input type="text"/>	

## 5 Qualification Information

Please indicate which qualification you are reapplying for:

Flatwater	Kayak	Canoe	Whitewater	Kayak	Canoe	Sea	Kayak	Canoe	
Guide	<input type="checkbox"/>	<input type="checkbox"/>	Guide	<input type="checkbox"/>	<input type="checkbox"/>	Leader	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Guide	<input type="checkbox"/>	<input type="checkbox"/>	
			Advanced Guide	<input type="checkbox"/>	<input type="checkbox"/>	Instructor	<input type="checkbox"/>	<input type="checkbox"/>	
			Advanced Instructor	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Guide	<input type="checkbox"/>	<input type="checkbox"/>	
			Rescue	1	2	3	Advanced Instructor	<input type="checkbox"/>	<input type="checkbox"/>

### OTHER AWARDS

	Kayak	Canoe		Kayak	Canoe	Yes
Coastal Guide	<input type="checkbox"/>	<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sit on Top	<input type="checkbox"/>				
	<input type="checkbox"/>					

## 6 Re-registration Information

Category	Award	Expiry Date	Evidence Provided	Assessor
1	1 First Aid Award			

  

Category	Activity Summary	Claimed Points	Evidence Provided	Assessor
2	<b>Personal Paddling</b>			
3	<b>Instruction</b>			
4	<b>Related activity</b>			
5	<b>Competition</b>			
6	<b>Personnel Development</b>			
7	<b>Conducting ACAS course</b>			
8	<b>Attendance at AC Workshops</b>			
9	<b>Conducting AC Assessment</b>			
	<b>Total Points</b>			

Please attach any other supporting evidence to the form

## 7 Assessment Information – AC Office Use Only

Instructor Approved

Instructor approval pending further information

Assessor 1

Assessor 2

Signature

Signature

The second assessor is only required when the instructor wants the re-registration re-assessed (covered in the grievance procedures)

### OFFICE USE ONLY

RIGS ID	<input type="text"/>	Qual ID	<input type="text"/>	Regency SoA	<input type="text"/>	Invoice #	<input type="text"/>	Entered IMIS	<input type="text"/>
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**8 Re-registration checklist – please include the following**

- A copy of your Australian First Aid Certificate
- A copy of your log book detailing your paddling activities from the time you received your award last to the present
- The above registration form, including payment details (below)



**9****LEADER RE-REGISTRATION POINTS TABLE**

An activity cannot be counted twice for the purposes of re-registration.  
Logbook time must be at the level of your award.

Category	Description	Points value per day (5+ hours)half points given for less than 5 hours	Minimum point requirements	Maximum points	Evidence required
1	Personal	4	20	50	Log entries
2	Instruction / Guiding / Assisting	6	36 2 different locations or client groups	60	Log entries
3	Competition	2	nil	20	Log entries Competition results
4	Personal Development	4	nil	40	Log entries
5	Conducting ACAS Courses	6	nil	70	Log entries NTP records
6	Assessing ACAS Courses	6	18 – Assessors Only		Log entries NTP records
7	Administrative (club committee member etc)	2	nil	20	Log entries Club records

