



**Skippers experience:** Indicate with the appropriate letter if you have experience in boating in the following situations as skipper: **E** - Extensive (>30 times); **M** - Moderate (5-30 times); **L** - Limited (1-4 times); '--' nil (zero).

Recreational Boating	<input type="checkbox"/>	Exposed waters	<input type="checkbox"/>	Fog or low visibility	<input type="checkbox"/>
Skippers for work	<input type="checkbox"/>	Smooth & partially smooth	<input type="checkbox"/>	In heavy currents	<input type="checkbox"/>
Larger vessels (>7.5 m)	<input type="checkbox"/>	Sheltered waters	<input type="checkbox"/>	Deploying equipment	<input type="checkbox"/>
Small boats (<7.5m)	<input type="checkbox"/>	Rivers/streams	<input type="checkbox"/>	Fishing	<input type="checkbox"/>
Commercial shipping ports	<input type="checkbox"/>	Surf zones	<input type="checkbox"/>	Science & Education	<input type="checkbox"/>
Metro boat ramps	<input type="checkbox"/>	Large dist. offshore > 15nM	<input type="checkbox"/>	Boating with divers	<input type="checkbox"/>
Beach Launching	<input type="checkbox"/>	In rough seas; >2m	<input type="checkbox"/>	Use of Shark shields	<input type="checkbox"/>
Towing trailer boats	<input type="checkbox"/>	Night operations	<input type="checkbox"/>	Man-Over-Board	<input type="checkbox"/>
Details of previous work related skippers and sector?: (i.e. Commercial Fishing, Trading, Science or Education)					
Details and size of vessels that you have skippers?					
Details of towing experience?					
Any boating incidents, injuries or near misses?					
Details of any medical conditions?					
Can you swim ? : <input type="checkbox"/> Y or <input type="checkbox"/> N; Good, Medium, Poor; Distance (m); 20-50, 50-150, 150-1000 (please circle)					

Personal Equipment i.e. PFD, PPE (if used for University boating)

Item	Make and model	Date of last service

**The above is a true representation of my boating history. I understand and have read all Flinders University Boating policy and procedures.**

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<b>Maritime Safety Officer</b> (Checked and copied)	
<input type="checkbox"/> Log Book or evidence of sea time	<input type="checkbox"/> Entered to Coxswains register
<input type="checkbox"/> Provide First Aid	<input type="checkbox"/> Induction complete
<input type="checkbox"/> Boating Qualifications	
Skipper status:	
Comments:	
Signature:	Date: ___/___/___