



Sea Cadets

SEA CADET SPECIALISATION FIRST AID EXAMINATION/COURSE

TO BE ATTACHED TO THE CADET'S SCC FORM P10 UPON COMPLETION

FORM
SCC
T7(FA)
Oct
2002

Supersedes all previous copies, which should now be destroyed

Unit Name (Not TS Name)

No:

District

Area

Section A: Cadet Details

Surname

Fore names

Date of Birth

Rate

Date Rated

Cadet's Signature

Date

Section B: Commanding Officer's Certificate

DISTRICT/AREA/NATIONAL COURSES

It is recommended that this applicant attend a Class Specialisation course and subsequent examination.

Commanding Officer's Name

Rank/Rate

Commanding Officer's Signature

Date

Section C: For Completion by HQSO(First Aid), DHQSO(First Aid), ASO(First Aid)

The above named Cadet has:

1. Passed the Specialisation Examination for Class and has qualified for points in accordance with TIs.
2. Passed provisionally the Specialisation Examination for Class (ie: Has failed NOT MORE THAN one practical subject and may be re-examined in that subject by a qualified instructor within two months)
3. Failed the Specialisation Examination for Class (ie. Failed in MORE than one practical subject or the theory part)

Name of HQSO/DHQSO/ASO

Rank/Rate

Appointment

Signature

Date

Section D: The Examination

Name of Cadet

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FIRST AID SPECIALISATION**RESULT OF EXAMINATION AND PRACTICAL ASSESSMENT**

To be completed by a Qualified Examiner/Instructor and forwarded to the Cadet's Unit

WRITTEN/PRACTICAL EXAMINATIONS

3rd Class			2nd Class			1st Class		
Subject	Pass	Fail	Subject	Pass	Fail	Subject	Pass	Fail
Theory			Theory			Theory		
CPR			CPR			CPR		
Recovery Position			Recovery Position			Recovery Position		
						Casualty Sim		

Comments

Cadet's Signature	Cadet's Signature	Cadet's Signature

Instructor

Instructor's Signature	Instructor's Signature	Instructor's Signature
Name (Print)	Name (Print)	Name (Print)
Rank/Rate	Rank/Rate	Rank/Rate
Date	Date	Date

Examiner

Examiner's Signature	Examiner's Signature	Examiner's Signature
Name (Print)	Name (Print)	Name (Print)
Rank/Rate	Rank/Rate	Rank/Rate
Date	Date	Date