**Dispatching Competency Sign Off**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name - | | |  | | ID - | |
| **Competency** | **Signed student** | **Signed Tutor** | | **Reviewed by** | | **Date** |
| Use of the ICCC system |  |  | |  | |  |
| Use of Starcom / Tracking system |  |  | |  | |  |
| Correctly dispatch resources to incidents |  |  | |  | |  |
| Transfer calls to CSD |  |  | |  | |  |
| Answer calls with correct identification |  |  | |  | |  |
| Radio procedures; Radio Etiquette  - English only  - Phonetic Alphabet  - Transmission send-receive/confirmation  Radio use;  -Functions/operation (buttons, channel selection, etc.)  - Maintenance (correct use, proper storage, issue reporting to IT, etc.) |  |  | |  | |  |
| Knowledge of areas and where the closest ambulance will be |  |  | |  | |  |
| Knowledge of hospital locations |  |  | |  | |  |
| Knowledge of stations and standby points |  |  | |  | |  |
| Knowledge of station priorities |  |  | |  | |  |
| How to maintain area coverage |  |  | |  | |  |
| How to deal with MCI’s |  |  | |  | |  |
| Knowledge of hospital acceptance policies |  |  | |  | |  |
| Knowledge of deployment policies for metro and rural areas |  |  | |  | |  |
| Knowledge of how to deal with crew reporting a scene is unsafe / requesting for police |  |  | |  | |  |
| Demonstrate knowledge of when to send backup or area leads |  |  | |  | |  |
| Policy for airwing standby / activation |  |  | |  | |  |
| Awareness of when to notify team leader |  |  | |  | |  |
| Awareness of when to request for additional resources to assist in area |  |  | |  | |  |
| How to deal with vehicle breakdowns |  |  | |  | |  |
| Knowledge of ambulance handover times |  |  | |  | |  |
| Hospital pre-alerts |  |  | |  | |  |
| General knowledge of ACC policies and procedures |  |  | |  | |  |
| Processing of Event calls |  |  | |  | |  |
| Resilience and Evacuation Training form |  |  | |  | |  |
| Receive 20 ‘compliant’ dispatcher audits in total across at least 8 shifts with feedback |  |  | |  | |  |

**Completion**

|  |  |
| --- | --- |
| Staff Signature - | Date - |
| Shift Leader Signature - | Date - |
| Team Leader Signature - | Date - |
| ACC Manager Signature - | Date - |