**Dispatching Competency Sign Off**

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| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  | |  | |  |
| Correct radio procedures followed  -English only  -Phonetic Alphabet |  |  | |  | |  |
| Knowledge of areas and where the closest ambulance will be |  |  | |  | |  |
| Knowledge of hospital locations |  |  | |  | |  |
| Knowledge of stations and standby points |  |  | |  | |  |
| 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 |  |  | |  | |  |
| Demonstrate knowledge of when to send backup |  |  | |  | |  |
| Policy for airwing standby / activation |  |  | |  | |  |
| Awareness of when to notify team leader |  |  | |  | |  |
| 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 |  |  | |  | |  |

**Completion**

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

Dispatching Sign Off

September 2018

Version 1