
Visiting Teacher Details

School Name: _____

Camp Contact: _____

Contact Email: _____

Start Date: _____

Finish Date: _____

Visiting Teacher 1-

Teachers Name: _____

Qualified Teacher: Yes ☐ No ☐

Teaching Areas: _____

Previous Rubicon Experience: Yes ☐ No ☐

Experience in Outdoor Education or other Qualifications:

☐ Bushwalking

☐ Canoeing

☐ High Ropes

☐ Mountain Biking

☐ Rock Climbing

Please Elaborate (including details such as location and age of participants):

Bronze Medallion: Yes ☐ No ☐

Current First Aid: Yes ☐ No ☐

Please detail: _____

Bus Licence: Yes ☐ No ☐

Visiting Teacher 2-

Teachers Name: _____

Qualified Teacher: Yes ☐ No ☐

Teaching Areas: _____

Previous Rubicon Experience: Yes ☐ No ☐

Experience in Outdoor Education or other Qualifications:

☐ Bushwalking

☐ Canoeing

☐ High Ropes

☐ Mountain Biking

☐ Rock Climbing

Please Elaborate (including details such as location and age of participants):

Bronze Medallion: Yes ☐ No ☐

Current First Aid: Yes ☐ No ☐

Please detail: _____

Bus Licence: Yes ☐ No ☐

Visiting Teacher 3-

Teachers Name: _____

Qualified Teacher: Yes ☐ No ☐

Teaching Areas: _____

Previous Rubicon Experience: Yes ☐ No ☐

Experience in Outdoor Education or other Qualifications:

☐ Bushwalking

- ☐ Canoeing
- ☐ High Ropes
- ☐ Mountain Biking
- ☐ Rock Climbing

Please Elaborate (including details such as location and age of participants):

Bronze Medallion: Yes ☐ No ☐

Current First Aid: Yes ☐ No ☐

Please detail: _____

Bus Licence: Yes ☐ No ☐

Visiting Teacher 4-

Teachers Name: _____

Qualified Teacher: Yes ☐ No ☐

Teaching Areas: _____

Previous Rubicon Experience: Yes ☐ No ☐

Experience in Outdoor Education or other Qualifications:

- ☐ Bushwalking
- ☐ Canoeing
- ☐ High Ropes
- ☐ Mountain Biking
- ☐ Rock Climbing

Please Elaborate (including details such as location and age of participants):

Bronze Medallion: Yes ☐ No ☐

Current First Aid: Yes ☐ No ☐

Please detail: _____

Bus Licence: Yes ☐ No ☐