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Event Health Services  
St John Ambulance Victoria  
**Volunteer Agreement**

FOR/FAS/106 | April 2021

**First Aider**



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## Governance & Version Control

Version	Date	Amendments/Changes	Approving Manager (s)
v2	January 2020		
v3	April 2021	Format template update/ rebranding. <ul style="list-style-type: none"> <li>• Amendments to Part C – your commitment for inclusivity of membership outside of mainstream divisions</li> <li>• Including of Scope of Practice Position Descriptions</li> <li>• Content reflective of SJC introduction</li> <li>• Amendments to Part D – Declaration of Ability &amp; Capacity Assessment to include elements of agility and manual handling assessment requirements being completed prior to signing</li> </ul>	Nadine Hutchins, General Manager Event Health Services

## Support & Enquiries

Enquiries relating to the EHS Volunteer Agreement can be directed to [area.managers@stjohnvic.com.au](mailto:area.managers@stjohnvic.com.au)



## From the Chief Executive Officer

'Volunteers have been the lifeblood of St John Ambulance Victoria (SJAV) since 1883, saving lives and delivering care and compassion to those in sickness, distress, suffering or danger throughout Victoria.'

The dedication of our volunteers is nothing short of inspirational. Thank you to you and each one of our volunteers, for the commitment every volunteer has made to the Victorian community, we are proud of you.'

Gordon Botwright  
**Chief Executive Officer**

## Annual Requirement

Upon joining SJAV, and for each year thereafter, it is an annual requirement that SJAV members review and sign the EHS Volunteer Agreement. The signing process forms an agreement between SJAV and each member which states SJAV's commitment to members and confirms that members have understood and are committed to their roles and responsibilities.

All members are required to complete:

- Part A** - St John Ambulance Victoria's Commitment to Our Volunteers
- Part B** - Proprietary Agreement
- Part C** - Your Commitment and Scope of Practice Position Description
- Part D** - Declaration of Ability & Capacity Assessment



## **Part A - St John Ambulance Victoria's Commitment to Our Volunteers**

Signing off this part of the EHS volunteer agreement represents an acknowledgement of the organisation's commitment to you as a valued volunteer member and your commitment.

### **St John Victoria will provide you with a high level of support and supervision, including:**

- a safe environment, and access to a 24-hour Peer Support program.
- a manager who will assist you in your role and facilitate your development; and support at events from suitably experienced and qualified members; and
- access to a portal where you can find important organisational information.

### **We will provide you with flexible access to a range of training, including:**

- induction training for new volunteers.
- nationally recognised First Aid qualifications and an annual reaccreditation program to help you maintain your skills.
- the opportunity to develop advanced skills through First Responder accreditation.
- an annual training calendar to allow you to plan your training attendance at your division. Your division will provide assistance to access training alternatives if required.
- opportunities to develop clinical skills at events and learn from experienced members; and
- access to a range of roles and training to help you develop leadership and other specialist skills.

### **We will provide you with a uniform:**

- the uniform you are required to wear at events will be supplied as per our Uniform Policy and you will be able to borrow additional cold weather items as required.

- You will need to provide footwear, which must be black, enclosed and made of water-proof materials and must be flat and have a non-slip sole.

### **We will recognise your service and achievements:**

- you will be eligible for national, formal service awards, and recognition of your accomplishments in first aid delivery and training; and
- your division will arrange social events to celebrate the contributions of its members.

### **We will minimise the out-of-pocket expenses incurred by our volunteers:**

- we may provide meals and other refreshments at events and other functions depending on the time and length of the event. You will be informed of the arrangements beforehand; and
- no cost is incurred by volunteers for mandatory Working with Children Checks or police record checks.

### **Volunteers will be protected under St John insurance policies:**

- you will be insured for personal accident and protected against legal liability for third party injury or property damage under St John's insurance policies. Some Health Professionals may need to hold personal medical indemnity insurance.

**Member Name:**

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**Division/Department:**

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**Member Signature:**

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**Date:** \_\_\_ / \_\_\_ / \_\_\_\_



# Volunteer Agreement

## Part B - St John Ambulance Victoria, Proprietary Agreement

Please read each statement below, initial your acceptance against each statement and then sign the bottom of the form.

Confidentiality Agreement	Initials
- I agree not to disclose any confidential information regarding a patient, event organiser or other member's personal or business affairs, or any St John's affairs, activities, procedures or operations ("confidential information") to any other person without their prior knowledge and the express permission of the volunteer, patient, event organiser or St John management.	
- I agree to only use confidential information for the primary purpose for which it has been provided to me and will not use confidential information for any personal advantage or any purpose other than which it was collected without full and open disclosure and permission for the affected individual or organisation	
- I agree that I will not leave the information of a patient, event organiser or member in any place where it can be seen and will ensure documentation in my charge is secured at all times in line with SJA policies.	
- I will not remove files, papers, plans, documents or other confidential materials from any St John location, whether written or electronic without the appropriate approval of a Line Manager.	
- I agree to always ensure I have the permission of another person before passing on their personal details including any contact details.	
- I will return all records, documents, manuals, together with any copies or extracts made or acquired by members, employees or volunteers in the course of my role at St John to my Line Manager when my membership ends with St John or if a position change dictates return of any of the above.	

### Intellectual Property

I will not use any intellectual property provided to me in the course of my involvement with St John (including all programs, manuals, documentation and artwork developed as part of my role or a colleague's role at St John) for use by another organisation without the signed permission of the relevant General Manager or in the case of the St John national office information with express permission of the Chief Executive Officer of St John Ambulance Victoria.

### Conflict of Interest

A conflict of interest can occur when a person's private interests' conflict directly or indirectly with their obligations to St John. *An example would be working or volunteering for another business that provides similar services to St John, such as first aid at events, first aid training or patient transport.*

The declaration of a conflict of interest in itself will not necessarily preclude a person from volunteering with St John. Where it does, you will be notified of the alternatives for remaining a member with St John Ambulance Victoria.

Please select one box below:

- I do not need to declare a conflict of interest. Where a potential conflict of interest arises in the future, I will inform my manager and request this conflict be reported to [area.managers@stjohnvic.com.au](mailto:area.managers@stjohnvic.com.au) for review.
- I may have a conflict of interest that I would like to declare (eg First Aid Trainer or First Aid Provider for another organisation). Provide details below.

\_\_\_\_\_

\_\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_



# Volunteer Agreement

## Part C - Your Commitment

Please read the following responsibilities and initial against each section to affirm that you understand and can commit to the requirement.

If you have questions or if there is a section you believe you may not be able to commit to, contact [area.managers@stjohnvic.com.au](mailto:area.managers@stjohnvic.com.au) or your state department manager to discuss.

RESPONSIBILITY	INITIALS
<p><b>DIVISION OR STATE DEPARTMENT SELECTION</b></p> <ul style="list-style-type: none"> <li>- My division or state department is _____.</li> <li>It meets for training at _____ (time) on _____ (day) at _____ (suburb). <i>(Complete only if applicable.)</i></li> <li>- I am available to attend organisational training and meetings with my nominated division at this time and place.</li> <li>- In addition, if my Scope of Practice Position Description indicates that I am required to attend events, I can confirm that I'm able to attend community events at this place on weekends.</li> <li>- If I rely on public transport, I have checked that the meeting place is accessible.</li> </ul>	
<p><b>ST JOHN AMBULANCE SERVICE</b></p> <ul style="list-style-type: none"> <li>- I will contribute a minimum of <u>60 hours</u> per year as defined in my Position Description.</li> <li>- I will be punctual for all St John Ambulance Victoria (SJAV) activities and rostered events and shall provide customer-centred service and care to patrons, patients, all event staff as well as to fellow St John members and staff.</li> <li>- If attending an event, I will follow the directions of the event staff and deliver the high level of professionalism the event organisers expect of all their service providers. This will include complying with social media and mobile communication policies at events.</li> <li>- If a requirement in my Position Description states that I am to attend events, I understand that to meet the demands and priorities of SJAV, I will be expected to attend a mix of small community events and major events. I may also be required to swap from one event to another according to staffing needs.</li> <li>- I will be well-presented at all times at events and understand that I will need to supply appropriate footwear that is black, enclosed and made of water-proof material and must be flat and have a non-slip sole.</li> <li>- I will need to cover the cost of my travel to and from events or to a meeting point, except for pre-approved long-distance travel.</li> </ul>	

# Volunteer Agreement



- I understand St John is committed to fostering an inclusive and equitable work environment for all their people. I will commit to encouraging an environment where people feel respected, safe and valued for who they are and the contribution they make to the organisation and the community.
- I understand that I may be photographed and/or filmed whilst carrying out duties on behalf of SJAV and permit these images to be used by authorised SJAV personnel for purposes such as marketing, internal communication and social media posts. I acknowledge that SJAV will adhere to the AHPRA Advertising guidelines.
- I understand that I may be subject to random drug and alcohol testing, in line with the Drug and Alcohol Policy.
- I will adhere to the Code of Conduct Policy [POL-PAC-002] and ensure that I conduct myself according to the following ethical standards:
  - o Act with integrity, fairness and honesty
  - o Respect the law and act accordingly
  - o Be responsible for my actions and accountable for the consequences of those actions
  - o Avoid conflicts of interest
  - o Use the assets of SJAV only to fulfill the objects of SJAV
  - o Be responsible in dealing with the media and not make any unauthorised statements to the media about SJAV business
- I will adhere to the Child Safety Policy [POL-PAC-001] and understand that SJAV has an obligation to ensure the safety, protection and wellbeing of children in their care and is committed to preventing, detecting and responding effectively to all forms of abuse. As an organisation that regularly works with children, I will:
  - o Recognise that children, as individuals, have the right to feel safe, and to be treated with dignity and respect, free from emotional and physical danger, abuse and neglect.
  - o Ensure that the children that SJAV has a responsibility for are protected against people and events which may cause them harm.
  - o Practice a zero-tolerance approach to child abuse.

## TRAINING AND QUALIFICATIONS

*All St John Ambulance roles have training and qualification requirements outlined in individual Position Descriptions.*

- All members who wish to provide first aid services at events, venues and emergencies are required to review and acknowledge the specific training and qualification requirements outlined in one of the following Scopes of Practice Position Descriptions:
  - o First Aider
  - o First Responder
  - o Advanced Responder
  - o Healthcare Professional
- Members who hold an organisational appointment to a specific role are also required to review and acknowledge the training and qualification requirements outlined in their Specific Position Description.

**Refer to relevant Scopes of Practice Position Description**

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**Refer to relevant Specific Position Description**

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# Volunteer Agreement



- I will ensure that all accredited training and qualifications are kept current. Before a qualification is due to expire, I will communicate with my manager to arrange renewal. (There maybe exemptions, or different requirements for some roles.) I recognise that if I am unable to maintain the required qualifications or accreditations my ability to continue to work in an operational as a volunteer will be reviewed.

## Reaccreditation Training/ Continuing Professional Development Requirements

- I understand that all scopes of practice are required to successfully complete annual mandatory training modules including:
  - o Child protection training
  - o Manual handling competency refresher
  - o Resuscitation update and capacity assessment.
- I understand that additional reaccreditation training or continuing professional development requirements as outlined in my Scope of Practice Position Description and EHS Annual Training Plan must be completed.
- I understand that it is my responsibility to ensure that training and qualification requirements are met and that attendance at divisional training and or other St John arranged professional development activities is essential to increase my skills and to develop connections within the St John community.

## COMMUNICATION

- I will inform my Line Manager if my circumstances change, and I am unable to meet the outlined expectations.
- I will maintain a line of open communication with my Line Manager and administration staff and remain in regular contact. My communications will be respectful and in accordance with the Code of Conduct [POL-PAC-002] at all times.
- If circumstances require me to withdraw from a St John activity I have committed to, I will notify my Line Manager or Operations Officer as a matter of urgency. If unable to contact these staff I will contact the State Duty Officer, 1300 853 515.
- I will keep my contact details, including phone number and email address up to date in SJ Connect.

## WORKING WITH CHILDRENS CHECK & POLICE RECORD CHECKS

- I understand that all members must hold a current Working with Children Check at all times. I will renew this every 5 years.
- I will submit a new police records check every 3 years or as requested.
- I recognise that if I am unable to maintain the required checks my ability to continue to work as a volunteer will be reviewed.



# Volunteer Agreement

## DECLARATION OF UNDERSTANDING POLICIES

I have read and understand the following organisational policies:

- Code of Conduct Policy [POL-PAC-002]
- Equality in the Workplace Policy [POL-PAC-005]
- Child Safety Policy [POL-PAC-001]
- Privacy Procedure [PRO-PAC-009]
- Social Media Policy [POL-PAC-008]
- Drug and Alcohol Policy [POL-PAC-004]
- Fitness for Duty Policy [POL-PAC-021]

I understand the organisation policies and procedures are located on the Member Intranet located at: <https://intranet.stjohnvic.com.au>

## MANAGING MY EXPERIENCE IN ST JOHN

- I will take responsibility for my own experience in St John. I will make every effort to monitor my training qualifications and contributions to St John activities in order to achieve the expectations agreed to and be proactive in seeking assistance if I require assistance.
- I appreciate that my Line Manager and the other personnel who support me are predominately volunteers, and I will be respectful of their time and commitment.
- I will be mindful of my own health and wellbeing and will endeavour to balance my commitment to St John with family, study and work commitments.

## IF MY CIRCUMSTANCES CHANGE

- If my circumstances change and I have difficulty meeting these requirements I will contact my Line Manager to discuss any support that can be provided to me or alternative arrangements that can be put in place that may be more appropriate.
- If I develop a health condition that may affect my ability to perform my role safely or effectively, I will notify my Line Manager immediately.
- When my membership ends, I agree to return my uniform and any equipment or other items belonging to St John.

I understand that if I am unable to meet these annual requirements, I may be subject to a performance review and/or management process, which may result in cessation of membership.

**Members Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

*Note: Member to also sign the appropriate Scope of Practice Positions Description and (if applicable) Specific Positions Descriptions annually.*

	<b>POSITION DESCRIPTION</b>	DOC ID:	FOR/PAC/001
		Version:	1.6
		Effective:	00/00/0000

<b>Scope of Practice</b>	<b>First Aider</b>
<b>Business Unit</b>	Event Health Services (EHS)
<b>Location</b>	Various
<b>Efficiency Requirements</b>	This is a volunteer position with a requirement of 60 hours and 10 events annually.

### Role Overview

A First Aider in the Event Health Services Team at St John Ambulance is the scope of practice awarded to EHS personnel after they have completed and attained a pre prescribed list of qualifications and skills assessments. The member will also need to meet efficiency requirements set out in this position description as part of their commitment to maintaining these skills.

### Key Behaviours

- Punctual and attentive to the needs of those around you.
- Provide a high level of customer service to patients, clients and people you have contact with, whilst representing the organisation.
- Demonstrate attitudes where patients are placed at the forefront of clinical practice.
- Conduct yourself in a professional manner at all times.
- Demonstrate an understanding of organisational policies and procedures, including but not limited to;
  - Code of conduct policy (POL-PAC-002)
  - Equality in the workplace policy (POL-PAC-005)
  - Child protection policy (POL-PAC-001)
  - Privacy procedure (PRO-PAC-009)
  - Social media policy (POL-PAC-008)
  - Drug and alcohol policy (POL-PAC-004)
  - Fitness for Duty policy (POL-PAC-021)
- Positively represent and promote the St John mission and policies to members and the community.

### Selection Criteria

#### Essential Criteria

- High level verbal and written communication skills, with the ability to articulate clear, informed and meaningful messages to colleagues.
- Demonstrate and sustain a commitment with the organisation.
- Work effectively within a commercial and not-for-profit environment.
- Ability to demonstrate empathy within the organisation ethos.

### Scope of Practice

**As outlined in the Event Health Services Clinical Accreditation Policy**

Approved: CHIEF EXECUTIVE OFFICER

Author: GENERAL MANAGER PEOPLE AND CULTURE

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## Qualifications, Memberships, Licenses

### Essential Criteria

- Current Working with Children's Check
- Current Criminal Record Check
- Intermediate computer literacy skills (including use of MS Office Suite)
- Provide First Aid (HLTAID003 or HLTAID011)

## Annual Training Requirements & Capacity Assessment

All operational EHS personnel are expected to complete annual training requirements and participate in regular training sessions each year. The following mandatory requirements must be completed annually by the specified date as advised by the General Manager, Event Health Services;

- Manual handling competency.
- National child protection training.
- Resuscitation update, declaration of ability and capacity assessment.

## Acceptance

I have read this position description and agree to undertake the key behaviours and maintained qualifications listed above. I acknowledge that this document will be reviewed regularly, and I will be notified of any changes.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

### **Our commitment to Diversity**

*St John is committed to fostering an inclusive and equitable work environment for all our people. We encourage an environment where people feel respected, safe and valued for who they are and the contribution they make to the organisation and the community. We welcome and encourage applications from people across our diverse community, especially from Aboriginal, Torres Strait Islander and Culturally and Linguistically Diverse (CALD) applicants.*

### **Our commitment to Child Safety**

*As an organisation that regularly works with children, we at St John believe that all children have the right to be emotionally and physically safe at all times, and to be treated with dignity and respect, free from emotional, psychological and physical danger, abuse and neglect. St John is committed to identifying, mitigating and managing risk to children through a preventative and risk management approach.*



Approved:

CHIEF EXECUTIVE OFFICER

Author:

GENERAL MANAGER PEOPLE AND CULTURE

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# Volunteer Agreement

## Part D - Declaration of Ability & Capacity Assessment

I understand that, as a member of St John Victoria - Event Health Services, I am required to be capable of performing a variety of tasks and duties and assume responsibilities including those listed below:

1. To perform first aid duties including manual handling and resuscitation in all circumstances including emergency and stressful situations which have been explained to me.
2. To work as part of a collaborative team and accept directions.
3. To communicate verbally with patients, fellow members and the public in various environments and appropriately complete a patient care record.
4. To be physically fit and capable of being able to carry out effective resuscitation of an adult patient, as outlined in the Clinical Bulletin, Approach to Cardiac Arrest, interim guidance for COVID-19 (*current at time of assessment*) and the Capacity Assessment Record below.
5. To carry a first aid kit and all other equipment named in the State Equipment Standards, weighing up to twenty kilograms, a reasonable distance to a patient and administer first aid in a timely manner in a variety of environments.
6. To assist in lifting and moving a patient if needed and carry, with the assistance of one or more people, a patient on a stretcher a reasonable distance.
7. To lift a patient as part of a team when required and manoeuvre and load a patient, with or without assistance, onto a stretcher and into/out of a vehicle.
8. To undertake training programmes, participate in gaining and developing the knowledge and skills relating to first aid and use the knowledge and skills acquired from such training programmes.
9. To recognise limits of first aid, my scope of practice and my abilities and seek assistance when required.
10. To take precautions for my safety and those for whom I am caring, including maintenance of personal immunization status and carrying out of protective measures consistent with the roles and responsibilities of my Position Description.

**I am able to fulfil these responsibilities and have successfully completed the annual manual handling and resuscitation capacity requirements. If at any time I am no longer able to do so, I will advise my Line Manager at the earliest practical moment.**

I acknowledge that:

- A false or misleading statement could lead to disciplinary action and or cessation of the Volunteer agreement.
- I am required to abide at all times by the St John Drug and Alcohol Policy. There are health risks associated with smoking, excess alcohol intake and the use of illicit drugs. These activities may also adversely affect my ability to effectively serve the community.
- St John Ambulance Australia has a duty to ensure that members allocated to operational activities are able to function safely and effectively.
- If at any time, even at the time of this application, it becomes apparent, or there is reason to believe, that I am unable to safely and effectively perform the duties and requirements of my position, I may be asked to attend a medical assessment, or submit to random testing in line with St John Policies.
- St John reserves the right to terminate a volunteer agreement in the event of any of the volunteering minimum requirements not being met or in the event of a breach of conduct.

If you have any concerns about your ability to fulfil any of these points, please outline these below.

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**Members Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_



## Capacity Assessment Record

**Members Name:** \_\_\_\_\_

Member Identification Number: \_\_\_\_\_ Division: \_\_\_\_\_

Regions/State Team: \_\_\_\_\_

### INFORMATION FOR MEMBERS

The **Capacity Assessment** consists of the following assessments competencies, all must be completed prior to signing the Volunteer Agreement Part D - Declaration of Ability & Capacity Assessment

- Ability to complete Cardiopulmonary Resuscitation as per guidelines
- Ability to reposition a patient for effective CPR and persona agility for transition of team roles
- Ability to lift and move required resuscitation equipment
- Ability to sustain participation in a resuscitation scenario for 5 minutes or greater, rotating into and out of the CPR operator role on at least two occasions

**You will be assessed on these competencies through three (3) assessment items. Assessment A & B on the following pages AND an annual manual handling practical assessment.**

**Please note:** the manual handling practical assessment is to be completed during a separate training session following Manual Handling Assessment Guide for practical assessment AND must have been completed prior to this assessment.

- To be deemed *competent*, you must be marked **satisfactory** against all assessment items.
- If you are deemed *not yet competent*, you will have an opportunity for re-assessment.
- You may appeal an outcome you are not satisfied with by using the St John Ambulance appeals process. Please speak to your trainer or line manager if you wish to appeal.

All work submitted must be your own, in accordance with St John Ambulance Australia's plagiarism policy.

### MEMBER DECLARATION

- I was advised about the content, purpose and process of assessment.
- I understand that there is an appeals process if I wish to challenge an assessment outcome.

**Members Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_



# Volunteer Agreement

## Assessment A - CPR Fitness Assessment

This assessment will assess skills to provide care to an unconscious patient who is not breathing effectively.

Tasks		
1	Check for danger	
2	Check for response	
3	Send for help	
4	Check airway	
5	Open airway	
6	Check breathing	
7	Perform effective team-rescuer CPR in line with Clinical Bulletin, Approach to Cardiac Arrest, interim guidance for COVID-19 ( <i>current at time of assessment</i> ) for 2 minutes of compression on an adult manikin (on floor)	
8	Attach AED and follow prompts	
9	Perform effective ventilations in line with Clinical Bulletin, Approach to Cardiac Arrest, interim guidance for COVID-19 ( <i>current at time of assessment</i> )	
10	Manage airway as per scope of practice	
11	Perform a rotation of CPR operators (each participant must perform CPR for a 2-minute cycle on at least two occasions)	
12	When patient regurgitates, manage correctly	
13	Display respectful behaviour to patient at all times	
14	Use standard precautions and appropriate PPE at the right time	
15	Demonstrate correct manual handling techniques	
<b>Assessor use:</b> <ul style="list-style-type: none"> <li>Members must answer all questions correctly in order to satisfactorily complete this assessment</li> <li>Identify any criteria not met and provide an explanation in the feedback section</li> <li>Members s have one (1) re-assessment attempt</li> </ul>		
		<b>S</b>
		<b>NYS</b>
Attempt 1		
Attempt 2		
<b>Feedback/Comment</b> (if not yet satisfactory only)		

