

## CATEGORY A

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### SUBJECT:

### KNOWLEDGE OF THE ORDER

### OBJECTIVE(S)

To gain an understanding and knowledge of the Order's history and how it relates to the work of St. John Ambulance.

### PREREQUISITE(S)

None.

### INSTRUCTORS/EVALUATORS

Members of the Order.

Members of St. John Ambulance with related background and experience.

### REFERENCES AND MATERIALS

- *Guidelines for Instructors/Evaluators* (attachment).
- St. John Ambulance UK *The Story of the Eight Pointed Cross*, video.
- St. John Ambulance *The White Cross in Canada, 1883-1983*, by Strome Galloway. Available through Stores, stock no. 8564 (English), 8565 (français).
- St. John Ambulance *A Brief History of the Order of St. John*, by the Priory of the UK, Available through stores, stock no. 2131 (English only).
- St. John Ambulance *Leader's Manual: St. John Ambulance Youth Programs, Appendix 1, Historical Perspective*. Available through Stores.
- Internet ([www.sja.ca](http://www.sja.ca)).

### CONTENT

Candidates must know and demonstrate knowledge of:

1. *The origins of the Order of St. John*
2. *The Order of St. John in the Holy land*
3. *The Order of St. John in Europe/Rhodes/Malta*
4. *The three roles of the Order of St. John* (Religious, Hospitallers, Military)
5. *Order in England*
6. *The modern Orders of St. John*
7. *Order in Canada*
8. *The relationship between the Order and the St. John Ambulance Brigade*

### DURATION

As required.

### CERTIFICATION

**CATEGORY A - COMPULSORY**

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The candidate must pass an examination or complete a project to the satisfaction of the Instructor/Evaluator.

**CATEGORY A - COMPULSORY**

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**CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT**  
**KNOWLEDGE OF THE ORDER**

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Instructor qualifications: \_\_\_\_\_

I certify that

\_\_\_\_\_ of \_\_\_\_\_  
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

\_\_\_\_\_  
Instructor/Evaluator (signature) Date

\_\_\_\_\_  
Divisional Superintendent (signature) Date