



Trainer / Assessor / Facilitator Endorsement Kit

Season: 2017/18
Date Revised: August 2016
Version No: 5.2

This application form should only be completed following discussion with your Chief Training Officer (CTO) or Branch Director of Education (DOE). For more information about the process of becoming a Trainer or Assessor for Surf Life Saving NSW, please visit the Members area of www.surflifesaving.com.au.

Instructions for applicant:

- (1) Complete Parts 1-3 of the form. If you cannot complete Part 2, your CTO or Branch DOE will be able to help.
- (2) Indicate the Awards you are applying for in Part 4a, checking that you hold the required awards/qualifications.
- (3) Forward your application form to your Mentor (this can be done via e-mail).

| PART 1: Personal Details | | | |
|--------------------------|--|---------------|--|
| Given Names | | Club | |
| Surname | | Date of Birth | |
| E-mail | | Telephone | |

| PART 2: Induction Checklist | |
|---|--------------------------|
| I have received a copy of the Trainer/Assessor/Facilitator role description | <input type="checkbox"/> |
| I have received a copy of the TAF Handbook | <input type="checkbox"/> |
| I have taken part in an induction into the role with... | |
| My mentor(s) supported me with the delivery of at least 2 courses | <input type="checkbox"/> |
| I have seen a copy of the completed Mentor Observation Checklist(s) and my mentor(s) have discussed any relevant feedback with me | <input type="checkbox"/> |
| I am aware of the re-endorsement requirements for the role | <input type="checkbox"/> |
| I have a current Working with Children Check recorded on SurfGuard | <input type="checkbox"/> |

| PART 3: Declaration | | | |
|--|--|-----------|--|
| <p>As a Registered Training Organisation (RTO), Surf Life Saving NSW aims to achieve and maintain quality standards in service delivery, training and learning.</p> <p>By signing this application form, you agree to:</p> <ul style="list-style-type: none"> • Conduct all training and assessment activities in line with Surf Life Saving NSW's Education Standard Operating Procedures (SOPs) • Follow the Trainer, Assessor & Facilitator Code of Conduct • Undertake required ongoing professional development • Attend Club or Branch meetings as required to remain up to date with changes to training materials • Maintain a professional image of Surf Life Saving NSW at all times. | | | |
| Name | | Signature | |
| Date | | | |



Trainer / Assessor / Facilitator Endorsement Kit

Season: 2016/17
 Date Revised: August 2016
 Version No: 5.2

| Part 4a: Applicant to complete | | | | Part 4b: Mentor to complete | | |
|--------------------------------|--|--|--|--|--|-------------|
| | Trainer <i>Trainer Certificate required</i> | Assessor <i>Assessor Certificate required</i> | Facilitator <i>Cert IV TAE required</i> | SLSA Awards required <i>Check that you have held the award for a minimum of twelve months and are proficient in the required Awards</i> | Minimum of two courses observed by a Mentor? | Mentor Name |
| Bronze Medallion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have held Award (not required to be proficient) | <input type="checkbox"/> | |
| Radio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| IRB (Crew & Driver) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have held Award (Trainers & Facilitators required to be proficient) | <input type="checkbox"/> | |
| Rescue Water Craft (RWC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| ART [AID] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hold and be proficient in Award | <input type="checkbox"/> | |
| Spinal Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Resuscitation | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| First Aid [AID] | | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| SM Advanced First Aid | | | <input type="checkbox"/> | | | |
| Pain Management | | | <input type="checkbox"/> | | | |
| SM Aquatic Rescue | | | <input type="checkbox"/> | Have held Award (not required to be proficient) | <input type="checkbox"/> | |
| SM Basic Beach Management | | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Training Officer Certificate | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Assessor Certificate | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |

PART 4c: Mentor Observation Checklist

| | |
|--------------|---------------|
| Name: | Award: |
|--------------|---------------|

Instructions for Mentor:

- (1) Complete this checklist after you have observed the applicant deliver, assess or facilitate the Award(s) being applied for.
- (2) Ensure that one Mentor Observation Checklist is completed for each award being applied for.
- (3) Ensure that the outcome and any feedback is shared with the applicant themselves.
- (4) Forward the completed application form to your Branch Director of Education for Branch Endorsement.

| | Clear Strength | Acceptable Standard | Goal for Development | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| General | | | | |
| Knowledge and understanding of the Award content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Awareness/use of up-to-date resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adherence to Delivery & Assessment Guide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Awareness/use of up-to-date forms/administration processes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organisation, time management and record-keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes appropriate reasonable adjustments for learners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Activities conducted in a safe manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Delivery (not required for Assessors) | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Delivery of information in <i>Course Induction Checklist</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Structure of session, and communication of this to participants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delivery style (enthusiasm, clarity, language used) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of appropriate, varied methods (to suit all learning styles) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate use of visual and multimedia aids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engagement using questioning, feedback, examples etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is encouraging, motivating and approachable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Management of group dynamics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Assessment (not required for Trainers) | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Assessment activities clearly explained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is supportive and encouraging, creating a safe environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Effective use of constructive feedback | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sound assessment decisions made | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General comments / feedback for the applicant

Applicant is: **Competent** **Not Yet Competent** – *please keep mentoring until you feel they are competent*

Check here to confirm that the outcome and any feedback has been shared with the applicant.

| | | | |
|--------|--|-----------|--|
| Mentor | | Signature | |
| Date | | | |

PART 5: Branch / State Endorsement

Instructions for Branch:

- (1) Review the application form, ensuring that all required boxes are checked.
- (2) Discuss the outcome and comments/feedback with the Mentor(s) if you have any questions or concerns.
- (3) Complete the section below with your endorsement and record on SurfGuard
- (4) Forward to education@surflifesaving.com.au if Facilitator Awards are included in the application.
- (5) Store a copy of the completed application form for 2 years.

Branch Endorsement – to be completed by Branch Director of Education (or their nominee)

By signing this form, I confirm that the applicant:

- holds a current Working with Children Check (if required*) which is recorded on SurfGuard
- holds the required minimum qualifications / awards (and unless exceptional circumstances apply, they have held the award they are being endorsed to train or assess for a minimum of one year)
- is endorsed by the Branch for the specified Award(s) for 2 years

*A Working with Children Check is required by those who work with **under-18s only groups** for **more than 5 days a year**.

| | | | |
|------|--|-----------|--|
| Name | | Signature | |
| Date | | | |

Facilitator Endorsement – to be completed by State

By signing this form, I confirm that:

- The form has been correctly completed and validated against records in SurfGuard
- Any Trainer / Assessor awards have been updated on SurfGuard by the Branch
- The application has been endorsed by the Branch Director of Education

| | | | |
|------|--|-----------|--|
| Name | | Signature | |
| Date | | | |