



Trainer / Assessor / Facilitator Endorsement Kit

Season: 2016/17
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

As a Registered Training Organisation (RTO), Surf Life Saving NSW aims to achieve and maintain quality standards in service delivery, training and learning.

By signing this application form, you agree to:

- 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			



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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"/>		<input type="checkbox"/>		
Pain Management			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SM Aquatic Rescue			<input type="checkbox"/>	<input type="checkbox"/>	Have held Award (not required to be proficient)	<input type="checkbox"/>	
SM Basic Beach Management			<input type="checkbox"/>	<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			