

Training Officer Certificate – Evidence Form

PERSONAL DETAILS

Name: _____ Date of Birth: _____

Address: _____ Club: _____

Phone: _____ Mobile: _____ Membership No. : _____

Email: _____

AWARD DETAILS

Training Officer's Award in (Base Award): _____

PRE-REQUISITES

I hold the above Base Award and the Certificate IV in Training and Assessment - TAE40110, or the Trainer Skill Set Units of Competency (enter details below)

Base Award: (as listed above) Award Number: _____ Award Date: _____

Certificate IV Training and Assessment TAE40110 Award Number: _____ Award Date: _____

OR

Enterprise Trainer – TAEDEL301A Award Number: _____ Award Date: _____

Presenter Skill Set: BSBCMM401A Award Number: _____ Award Date: _____

(Tick if appropriate) I do not yet hold my training pre-requisite but I have submitted my completed Training Officer – Assessment Portfolio to my course facilitator and I am awaiting confirmation of my completed competency TAEDEL301A & BSBCMM401A
Facilitator's Name: _____

* Please note BSZ404A Train Small Groups is no longer valid as at 31/6/2013. Contact LSV State Centre for more information.

OFFICE USE ONLY

Candidate

Confirmation of Prerequisites

TAE40110 Certificate IV in Training and Assessment

TAEDEL301A Provide work skill instruction

BSBCMM401A Make a presentation

Relevant Base Award (e.g. Bronze Medallion)

Assessor

Supervisor

Trainer/Assessor Endorsement (of relevant Base Award)

Signature: _____ Date: _____

(Life Saving Victoria Training Services Staff Member)

TOC CANDIDATE DECLARATION

I, the above named TOC Candidate conducted training for the base award listed in *Award Details*, for the candidates listed below.

Base Award Candidate Names (must be a minimum of 3)

1. _____
2. _____
3. _____
4. _____
5. _____

TOC Candidate's Name: _____ Date of Birth: _____

TOC Candidate's Signature: _____ Date: _____

SUPERVISOR DECLARATION

I supervised the TOC candidate whilst he/she conducted training in the relevant base award for the candidates listed in the *TOC Candidate Declaration*. He/she conducted the training in a safe manner, demonstrated a detailed understanding of the underpinning knowledge and skills required of the award and used current training activities/resources or developed his/her own to ensure participants achieved a complete understanding of the award. I would recommend that he/she be awarded his/her Training Officer's Certificate for the requested base award.

Base Award: _____ Venue: _____

- a copy of the Form 14, issued for the course that the candidate delivered under supervision, referenced in the *TOC Candidate Declaration*, is attached.

Supervisor's Name: _____ Membership No: _____

Supervisor's Signature: _____ Date: _____

ASSESSOR DECLARATION

I was the assessor in charge at the final assessment for the candidates listed in the TOC Candidate Declaration. These candidates who were presented as being trained by the TOC Candidate demonstrated a good level of knowledge and skill in the award. I would recommend that he/she be awarded his/her Training Officer's Certificate for the requested base award.

Base Award: _____ Venue: _____

Assessor's Name: _____ Membership No: _____

Assessor's Signature: _____ Date: _____