



## **Circular 066:06:08**

**To:**             **District Officers**                     **Assessors**  
                  **Training Officers**                 **Chief Instructors**

**CC:**

**From:**         **Life Saving Victoria Training Department**

**Date:**         **6 June 2008**

**Subject:**      **Changes to the Assessor Evidence Form**

**Action:**      **Gear Inspections are no longer required to obtain an assessor award.**

Gear Inspections have now been removed as a requirement for probationary assessors when completing the assessor evidence form. However, candidates are still required to complete the remaining assessment activities detailed on the evidence form.

The old assessor evidence form may still be sent into Life Saving Victoria for processing if they have already been completed.

All new application for assessor awards should use the new assessor evidence form attached to this circular.

**For additional detail on this Circular contact: Alex Sheppard**

Email: alex.sheppard@lifesavingvictoria.com.au or by phone (03) 9676 6918

Circulars are also available at **[www.lifesavingvictoria.com.au](http://www.lifesavingvictoria.com.au)**

Address: PO Box 353 South Melbourne DC 3205



# ASSESSOR'S CERTIFICATE EVIDENCE FORM

This form must be attached to the Form 14 which is sent to Life Saving Victoria for the Assessor candidate listed on the form below.

**This form is to be used to gather evidence by trainee assessors for the following lifesaving award streams:  
SLSA Bronze Medallion, Resuscitation, Radio, First Aid, IRB, RWC.**

## Personal Details

**Name\*:** \_\_\_\_\_ **Assessor ID Number\*:** \_\_\_\_\_

**Address\*:** \_\_\_\_\_

**Suburb\*:** \_\_\_\_\_ **P/C\*:** \_\_\_\_\_

**Date of Birth\*:** \_\_\_\_\_ **Club Membership\*:** \_\_\_\_\_

**Phone: (Mob.)** \_\_\_\_\_ **(Other)** \_\_\_\_\_

**Email:** (Print Very Clearly) \_\_\_\_\_

\*Compulsory Information.

## Award Details

**Assessor Award:**

(One evidence form must be used per award stream the Trainee is seeking endorsement in)

**Pre-requisite Information\*\*:**

**Base Award:** \_\_\_\_\_ **Award Number:** \_\_\_\_\_ **Award Date:** \_\_\_\_\_

**Advanced Resuscitation Certificate**  
(Not required for Assessor-Radio) \_\_\_\_\_ **Award Number:** \_\_\_\_\_ **Award Date:** \_\_\_\_\_

**TOC Pre-requisite:** \_\_\_\_\_ **Award Number:** \_\_\_\_\_ **Award Date:** \_\_\_\_\_

**Assessing Competency Pre-requisite:** \_\_\_\_\_ **Award Number:** \_\_\_\_\_ **Award Date:** \_\_\_\_\_

- (Tick if appropriate) I do not yet hold my assessment competency pre-requisite, I have submitted my completed Assessor Course – Assessment Portfolio to my course facilitator and I am awaiting confirmation of my completed competencies TAAASS401A Plan and Organise Assessment, TAAASS402A Assess Competence, TAAASS404A Participate in Assessment Validation.

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

\*\*Pre-requisite information must include the base award (eg: Bronze Medallion, ARC and TOC Bronze Medallion for Assessor Bronze Medallion) and the following assessment competencies: TAAASS401A Plan and Organise Assessment, TAAASS402A Assess Competence, TAAASS404A Participate in Assessment Validation. Where the competencies have been completed with an organisation other than Life Saving Victoria, a certified copy must be attached.

<i>Office Use Only</i>	<b>Initial</b>
Lifesaving Award Pre-requisites confirmed	_____
Assessor competency pre-requisites confirmed	_____
District Officer Endorsement confirmed	_____
Attach written evidence or if Verbal Date: _____ Time: _____	
Award Processed in Surfguard	_____
Endorsement added to Assessor Database	_____
Letter sent to Candidate	_____



# ASSESSOR'S CERTIFICATE EVIDENCE FORM

This form must be attached to the Form 14 which is sent to Life Saving Victoria for the Assessor candidate listed on the form below.

## Trainee Assessor Declaration

I, \_\_\_\_\_, conducted the assessments outlined below under the supervision of the Assessors in Charge (AiC) listed.

**Award Assessed:** \_\_\_\_\_

**Assessment Details** (Must be at least 2 Full Assessments and 1 requal or three full assessments).

1 Type#:	Date:	Club:	AiC:	AiC Sig.:
2 Type#:	Date:	Club:	AiC:	AiC Sig.:
3 Type#:	Date:	Club:	AiC:	AiC Sig.:
4 Type#:	Date:	Club:	AiC:	AiC Sig.:
5 Type#:	Date:	Club:	AiC:	AiC Sig.:
6 Type#:	Date:	Club:	AiC:	AiC Sig.:
7 Type#:	Date:	Club:	AiC:	AiC Sig.:
8 Type#:	Date:	Club:	AiC:	AiC Sig.:

**Signed:** \_\_\_\_\_

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

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

# Assessment Types include Full – Full award assessment of the award listed and RQ – Requal of the award listed.

## Final Assessment Details

**Award:** \_\_\_\_\_

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

**Venue:** \_\_\_\_\_

**Club:** \_\_\_\_\_

**Assessor in Charge:** \_\_\_\_\_

## Assessor Declaration

I, \_\_\_\_\_, was the assessor in charge at the assessment listed above as the final assessment. The trainee assessor, \_\_\_\_\_ conducted himself/herself during the assessment in accordance with the Life Saving Victoria Assessment Policy. During the assessment the trainee assessor demonstrated a detailed understanding of the award content and the assessment resources provided by Life Saving Victoria. I recommend him/her to be endorsed as a full assessor for the award stream \_\_\_\_\_.

**Signed:** \_\_\_\_\_

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

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