

ASSESSOR'S CERTIFICATE EVIDENCE FORM



PERSONAL DETAILS

Name: _____ Date of Birth: _____

Address: _____ Club: _____

Phone: _____ Mobile: _____ Membership No: _____

Email: _____

AWARD DETAILS

Assessor Award in (Base Award):

PRE-REQUISITES

I hold the above Base Award and the Assessor Units of Competency (enter details below)

Qualification: TAE40110* Award Number: _____ Award Date: _____

Or

Unit of Competency: TAEASS401A or B Award Number: _____ Award Date: _____

Unit of Competency: TAEASS402A or B Award Number: _____ Award Date: _____

Unit of Competency: TAEASS403A or B Award Number: _____ Award Date: _____

(Tick if appropriate)

I do not yet hold my Assessor competency pre-requisite but I have submitted my completed Assessor Course – Assessment Portfolio to LSV.

Facilitator's Name: _____

* Where the competencies have been completed with an organisation other than Life Saving Victoria, a certified copy must be attached.

OFFICE USE ONLY Confirmation of Prerequisites

- TAE40110 OR
- TAEASS401A or TAEASS401B
- TAEASS402A or TAEASS402B
- TAEASS403A or TAEASS403B
- Relevant Base Award (eg. Bronze Medallion)
- Assessor Declaration (of relevant Base Award)
- District Officer endorsement (letter attached or if verbal Date: _____ Time: _____)

Signature: _____ Date: / /

Life Saving Victoria Training Services Staff Member

TRAINEE ASSESSOR DECLARATION

Name: _____

Date of Birth: / /

INSTRUCTIONS: Each Trainee Assessor must complete a min of 2 assessments under supervision of a qualified Assessor:

- 2 assessments Full Award Assessment or
- 1 Full Award Assessment and 1 Skills Maintenance.

Assessor in Charge **Must** sign each assessment upon completion

	ASSESSMENT DETAILS			ASSESSOR IN CHARGE	
	Type*	Date	Club	Name	Signature
1					
2					
3					
4					
5					

* ASSESSMENT TYPES - Full Assessment: **FULL** Skills Maintenance

I, the above named Trainee Assessor, conducted the Assessments outlined above, under the supervision of the Assessor in Charge, for the base award listed in *Award Details* on page 1 of this form.

Signature: _____ Date: / /

FINAL ASSESSMENT

Base Award: _____ Venue: _____ Date: _____

ASSESSOR DECLARATION

I was the assessor in charge at the final assessment conducted by the above listed Trainee Assessor. During the assessment, the Trainee Assessor conducted him/herself in accordance with the LSV Assessment Policy and demonstrated a detailed understanding of the award content and the assessment resources provided. I recommend him/her to be endorsed as a full assessor for the base award listed in Award Details on page 1 of this form.

Assessor's Name: _____ Membership No: _____

Assessor's Signature: _____ Date: _____