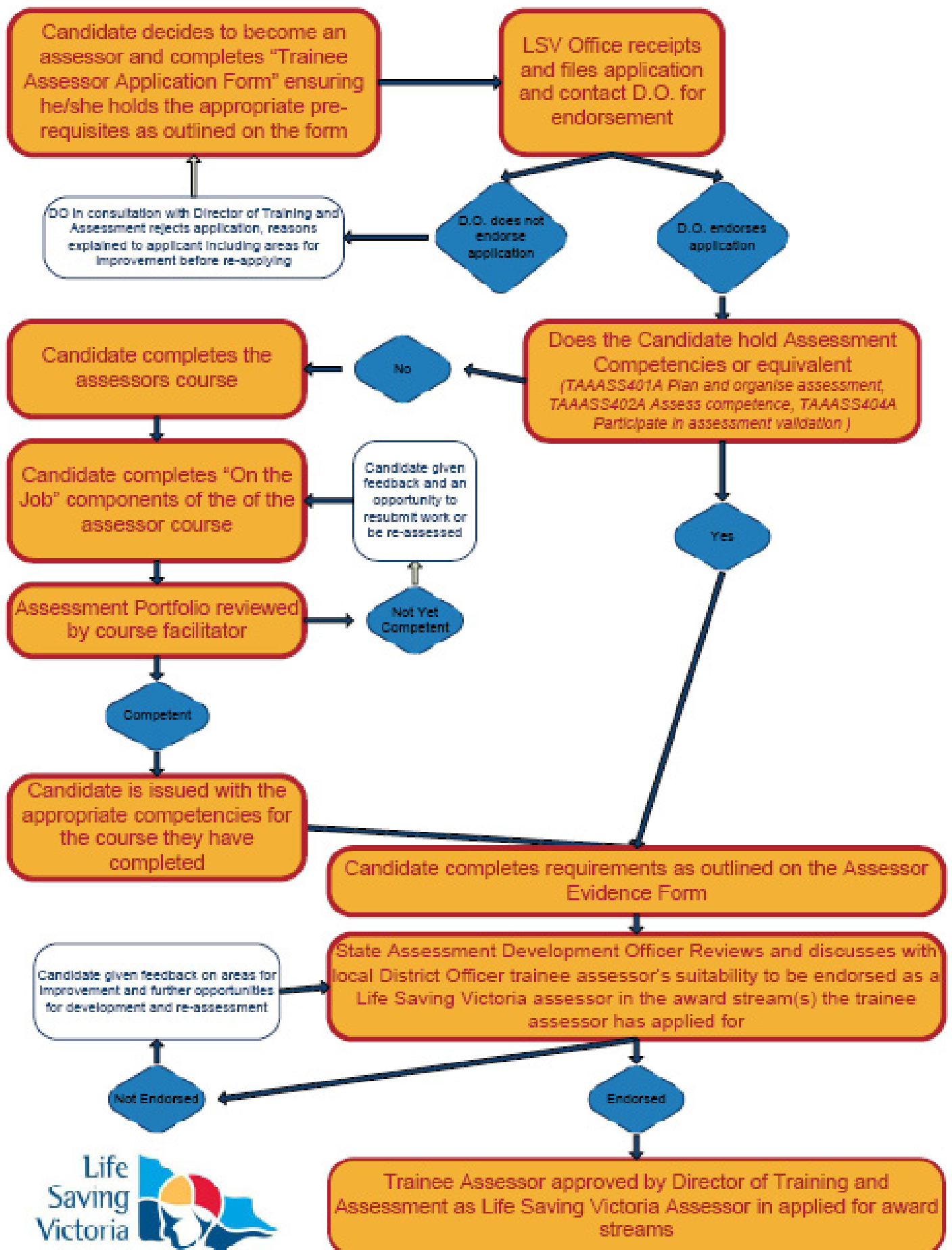


How to become an Assessor





TRAINEE ASSESSOR APPLICATION FORM

This form is to be used to apply to become a Trainee Assessor for the following lifesaving award streams:
SLSA Bronze Medallion, Resuscitation, Radio, First Aid, IRB.

Personal Details

Name*: _____

Address*: _____

Suburb*: _____ **P/C*:** _____

Date of Birth*: _____ **Club Membership*:** _____

Phone: (Mob.) _____ **(Other)** _____

Email: (Print Very Clearly) _____

*Compulsory Information.

Award Details

Assessor Award:

(One application 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

(required for Assessor)

Bronze Medallion, SRC, Resuscitation)

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 wish to receive enrolment information for the LSV Assessor Course.

Office Use Only	Initial
Lifesaving Award Pre-requisites confirmed	_____
Assessor competency pre-requisites confirmed	_____
District Officer Endorsement confirmed	_____
Attach written evidence	
or if Verbal Date: _____ Time: _____	
Endorsement added to Assessor Database	_____
Trainee Assessor Pack 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.

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

Personal Details

Name*: _____

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
(Required for BM, SRC and Resus Only) _____ **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>	Initial
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: _____