

ASSESSOR'S CERTIFICATE

EVIDENCE FORM



PLEASE NOTE: This form must be attached to a copy of the Form 14, issued for the course that the candidate assessed under supervision (The Final Assessment).

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)

Base Award:	(as listed above)	Award Number: _____	Award Date: _____
Unit of Competency:	TAAASS401A*	Award Number: _____	Award Date: _____
Unit of Competency:	TAAASS402A*	Award Number: _____	Award Date: _____
Unit of Competency:	TAAASS404A*	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

- TAAASS401A Plan and Organise Assessment
- TAAASS402A Assess Competence
- TAAASS404A Participate in Assessment Validation
- Relevant Base Award (eg. Bronze Medallion)
- Assessor Declaration (of relevant Base Award)
- District Officer endorsement (letter attached or if verbal Date: _____ Time: _____)

Signature: _____ Date: _____

(Development Officer – Training Assessment & Compliance)

TRAINEE ASSESSOR DECLARATION

Name: _____ Date of Birth: _____

INSTRUCTIONS: Each Trainee Assessor must complete a min of 3 assessments under supervision of the Assessor in Charge, of which at least 2 must be Full Assessments. This is in addition to a Final Assessment.

	ASSESSMENT DETAILS			ASSESSOR IN CHARGE	
	Type*	Date	Club	Name	Signature
1					
2					
3					
4					
5					
6					
7					
8					

* ASSESSMENT TYPES - Full Assessment: **FULL** Proficiency/Requalification: **RQ**

I, the above named Trainee Assessor, conducted the 8 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: _____