



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	_____



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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: _____