





# 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	_____



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