



RPL FORM

TAADEL301C

**Provide training through
instruction & demonstration
of work skills**

&

SLSA

Training Officer's Certificate

ENROLMENT FORM

COURSE: Training Officer Certificate (Recognition of Prior Learning)

TRAINING PROVIDER: Life Saving Victoria

First Name: _____ Surname: _____

Date of Birth: _____ Mobile: _____

Email: _____

Phone (home): _____ Phone (Work): _____

Postal Address: _____

LSV Membership No: _____ Club (if applicable): _____

APPLICANT'S DECLARATION

Yes No

I have read and understood the LSV VET Code of Practice
(www.lifesavingvictoria.com.au)

Yes No

I agree to abide by the LSV VET Code of Practice

I declare that the attached evidence and answers to the enclosed questions are true and correct.

Applicant's Signature: _____

Date: _____

The personal information collected on this form will only be used for the processing of this nomination/enrolment and will only be disclosed to persons who have appropriate authorisation.

EVIDENCE CHECKLIST

RPL CATEGORY	EXPERIENCE / QUALIFICATION	EVIDENCE REQUIRED
Training Under Supervision		
<input type="checkbox"/>	<ul style="list-style-type: none"> Currently training under supervision within a lifesaving club No Training Qualifications OR Hold a SLSA Training Officer Certificate issued prior to LSV's RTO status 	<ul style="list-style-type: none"> <input type="checkbox"/> Skills Matrix <input type="checkbox"/> Supervisors' Observation Form <input type="checkbox"/> Written Assignment <input type="checkbox"/> TOC Evidence Form <input type="checkbox"/> Recommendation Letter from Chief Instructor or State Officer (on club letterhead detailing LSV training history)
Registered School Teacher		
<input type="checkbox"/>	<ul style="list-style-type: none"> Registered School Teacher within Victoria Currently training under supervision within a lifesaving club Or wanting to become a trainer 	<ul style="list-style-type: none"> <input type="checkbox"/> Current VIT registration card (certified copy) <input type="checkbox"/> TOC Evidence Form <input type="checkbox"/> Recommendation Letter from Chief Instructor or State Officer (on club letterhead detailing LSV training history)
Upgrade from BSZ404A		
<input type="checkbox"/>	<ul style="list-style-type: none"> Hold the <i>BSZ404A Train Small Groups</i> unit of competency Hold a current SLSA Training Officer Certificate 	<ul style="list-style-type: none"> <input type="checkbox"/> BSZ404A Train Small Groups (Certified Copy) <input type="checkbox"/> Recommendation Letter from Chief Instructor or State Officer (on club letterhead detailing LSV training history) <input type="checkbox"/> TOC Evidence Form
<input type="checkbox"/>	<ul style="list-style-type: none"> Hold the <i>BSZ404A Train Small Groups</i> unit of competency Do not hold an SLSA Training Officer Certificate Currently training under supervision within a lifesaving club 	<ul style="list-style-type: none"> <input type="checkbox"/> BSZ404A Train Small Groups (Certified Copy) <input type="checkbox"/> Recommendation Letter from Chief Instructor or State Officer (on club letterhead detailing LSV training history) <input type="checkbox"/> TOC Evidence Form
None of the above		
<input type="checkbox"/>	<ul style="list-style-type: none"> Don't fall into any of the above categories but have other training experience and wish to apply for RPL 	Contact Life Saving Victoria Training Department for a copy of the RPL Application Form (General). Ph 03 9676 6950

I declare that the attached evidence as listed above is true and correct, being entirely my own work.

Candidate's Signature: _____ **Date:** _____

Name: _____ **Contact Number:** _____

OFFICE USE ONLY – (RPL Assessor)

- Sufficient Insufficient Evidence for TAADEL301C has been supplied
 Sufficient Insufficient Evidence for SLSA TOC (*selected Award*) has been supplied
 Form 14 Generated (if appropriate)

(C or NYC)

TAADEL301C Provide training through instruction and demonstration of work skills

Name: _____ Position: _____

Signature: _____ Date: _____

SKILLS MATRIX

TAADEL301C Provide training through instruction and demonstration of work skills		
ELEMENT	<i>How have you done this?</i>	<i>* What evidence do you have to support this?</i>
1. Organise instruction and demonstration	<i>List the processes and preparation you have undertaken to perform this element</i>	<i>(eg. Lesson Plans you have designed.)</i>
2. Conduct instruction and demonstration	<i>Outline the delivery styles and training techniques you have used to perform this element.</i>	<i>(eg. Official records of a course you have conducted.)</i>
3. Check training performance	<i>Explain some of the activities you have used to perform this element.</i>	<i>(eg. Documented examples of different types of assessments you have conducted.)</i>
* Please ensure that certified copies of all relevant evidence is attached to this form.		

SUPERVISORS' OBSERVATION

The candidate _____ is wishing to be issued with the **TAADEL301A Provide instruction through demonstration of work skills** unit of competency through the recognition of his/her skills as a Training Officer.

To assist them in gathering evidence to prove their competence please fill out and sign the form below.

Please confirm that the candidate is competent in each element and give a brief explanation of when you witnessed them completing the required tasks/skills.

1	2	Element	Provide details of observation
<input type="checkbox"/>	<input type="checkbox"/>	Organise Instruction and Demonstration	Supervisor 1:
	<input type="checkbox"/>	<i>Prepared for a session by ensuring appropriate venue/resources/equipment were available</i>	Supervisor 2:
<input type="checkbox"/>	<input type="checkbox"/>	Conduct Instruction and Demonstration	Supervisor 1:
	<input type="checkbox"/>	<i>Delivered sessions according to a prepared lesson plan.</i>	Supervisor 2:
	<input type="checkbox"/>	<i>Ensured that safety was maintained.</i>	
	<input type="checkbox"/>	<i>Participants were communicated with effectively</i>	
	<input type="checkbox"/>	<i>Coaching techniques were applied to assist learning, including opportunities for feedback and practise.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Check Training Performance	Supervisor 1:
	<input type="checkbox"/>	<i>Ensured the candidates understood what they learnt</i>	Supervisor 2:
	<input type="checkbox"/>	<i>Reviewed their own performance to improve in the future</i>	

The above three elements need to be completed competently during two training sessions **under the supervision of two different qualified trainers:**

Supervisor	Date	Course	Supervisor's Name	Supervisor's Signature
1				
2				

WRITTEN ASSIGNMENT

To be completed by the Candidate.

Answers to the following questions should be word processed and attached to your application. (Further explanation of the terms below can be found in the Training Officer's Certificate Learner Guide).

1. Explain how you have used the following to enhance learning amongst your candidates:
 - a. Knowledge of learning styles (visual, auditory, activist)
 - b. Knowledge of learning principles (eg. learner self-evaluation, adults need to know why they are learning)
 - c. Different types of questions (eg open, direct, attitude)

2. Explain how you provide effective feedback to candidates during and after practice opportunities

3. List the resources you need for a session you have delivered and explain where you would source them.

4. Explain the responsibilities that ensure the safety in the learning environment of the
 - a. Key training personnel (Training Officer, Chief Instructor etc.)
 - b. Learners

5. Explain the key elements required in coaching to assist effective learning.

I declare that the attached answers to the above questions are entirely my own work.

Applicant's Signature: _____

Date: _____

TRAINING OFFICER'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 delivered under supervision, referenced in the *TOC Candidate Declaration*.

PERSONAL DETAILS

Name: _____ Date of Birth: _____

Address: _____ Club: _____

Phone: _____ Mobile: _____ Membership No. : _____

Email: _____

AWARD DETAILS

Training Officer's Award in (Base Award): _____

PRE-REQUISITES

I hold the above Base Award and the Training Unit of Competency (enter details below)

Base Award: (as listed above) Award Number: _____ Award Date: _____

Unit of Competency: TAADEL301* Award Number: _____ Award Date: _____

(Tick if appropriate)

I do not yet hold my training pre-requisite but I have submitted my completed Training Officer – Assessment Portfolio to my course facilitator and I am awaiting confirmation of my completed competency TAADEL301C *Provide instruction through demonstration of work skills.*

Facilitator's Name: _____

* BSZ404A Train Small Groups or another Surf Life Saving Australia Training Officer's Award may be sufficient. Where the training qualification has been completed with an organisation other than Life Saving Victoria, a certified copy must be attached.

OFFICE USE ONLY

Candidate

Confirmation of Prerequisites

TAADEL301C Provide Instruction Through Demonstration of Work Skills

Relevant Base Award (eg. Bronze Medallion)

Assessor

Supervisor

Trainer/Assessor Endorsement (of relevant Base Award)

Signature: _____

Date: _____

(Development Officer – Training Assessment & Compliance)

TOC CANDIDATE DECLARATION

I, the above named TOC Candidate conducted training for the base award listed in *Award Details*, for the candidates listed below.

Base Award Candidate Names (must be a minimum of 3)

1. _____
2. _____
3. _____
4. _____
5. _____

TOC Candidate's Name: _____ Date of Birth: _____

TOC Candidate's Signature: _____ Date: _____

SUPERVISOR DECLARATION

I supervised the TOC candidate whilst he/she conducted training in the relevant base award for the candidates listed in the *TOC Candidate Declaration*. He/She conducted the training in a safe manner, demonstrated a detailed understanding of the underpinning knowledge and skills required of the award and used current training activities/resources or developed his/her own to ensure participants achieved a complete understanding of the award. I would recommend that he/she be awarded his/her Training Officer's Certificate for the requested base award.

Base Award: _____ Venue: _____

Supervisor's Name: _____ Membership No: _____

Supervisor's Signature: _____ Date: _____

ASSESSOR DECLARATION

I was the assessor in charge at the final assessment for the candidates listed in the TOC Candidate Declaration. These candidates who were presented as being trained by the TOC Candidate demonstrated a good level of knowledge and skill in the award. I would recommend that he/she be awarded his/her Training Officer's Certificate for the requested base award.

Base Award: _____ Venue: _____

Assessor's Name: _____ Membership No: _____

Assessor's Signature: _____ Date: _____