

Demonstrated Strengths

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Opportunities for Improvement

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Approved By:	Jonathan Donnelly	Date:	18/05/2023	Document Number:	
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Probationary Assessor Declaration

As the probationary Assessor, I verify that I attended this course in in the capacity of an Observation/Full Assessment/Final Assessment and Sign off (as on page one) and that I always had a qualified Assessor for this award physically present during this course. I have taken on board the feedback and opportunities for improvement and will implemented them into my assessment practices.

Probationary Assessor Name:			
Probationary Assessor Signature:		Date:	

Mentor Declaration

As the qualified and current Assessor for this award I verify that I supervised the probationary Assessor during an Observation/Full Assessment/Final Assessment and Sign off (as on page one) and I verify that I was always physically present during this training. I have provided the probationary assessor with feedback, areas for improvement and advised the probationary assessor of my recommendation as per below.

Recommendation:	Further training required: <input type="checkbox"/> Proceed to Final Assessment: <input type="checkbox"/> The probationary assessor has completed all requirements and I recommend the member to be sign off as "Assessor" in the respective award: <input type="checkbox"/>		
Mentor Name:			
Mentor Signature:		Date:	

SLSQ Office Use Only:

SLSQ staff to collate other probationary forms, review, and ensure the probationary assessor has met minimum requirements to be endorsed.

Please refer to section 9 of the TOM "How to be an Assessor" in relation to paperwork processing. The form 14 must be reviewed and signed by the Member Training Manager prior to processing.

Financial	Season:		
TAF Induction	Completion Date:	Expiry Date:	
Blue Card	Expiry Date:		
CYRM/CSA	CRYM Completion Date:	CSA Completion date:	
SLSA Award	Completion Date:	Expiry Date:	
TAE Qualification	Assessor Skill Set: <input type="checkbox"/> OR Full Certificate IV TAE: <input type="checkbox"/>		
Holds equivalent UoC(s)/Qualification	Completion Date:		
Patrol Hours	Previous Season:	Current Season:	
TAF Award(s) Allocated:	Award Name:		
TAF Award(s) Allocated:	Assessment ID:		
SLSQ Officer Name:			
SLSQ Officer Signature:		Date:	

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