

Probationary Facilitator – Observation Form

Use this form to conduct an observation on a probationary facilitator and provide feedback. This form is only relevant for awards that cannot be delivered by a Trainer and/or Assessor, such as Silver Medallion Patrol Captain.

It is not an assessment tool, but rather an instrument for induction into Surf Lifesaving programs after having completed the TAE40116 Certificate IV Training and Assessment Skill Set (or equivalent) and meeting the organisational requirements.

Probationary Facilitator Name:	
Probationary Facilitator Club:	
Course Start and Finish Dates:	
Assessment ID:	
Course Name:	
Mentor Name:	
Probation Type: <i>(please tick one only)</i>	Observation: <input type="checkbox"/> Full Course Delivery: <input type="checkbox"/> Final Delivery & Sign off: <input type="checkbox"/>

Course Deliver Feedback

This section will need to be completed by the Mentor where the probationary has conducted a delivery.

Evaluation Criteria	Fully Developed			Not Developed		
	NA	5	4	3	2	1
Communication and interpersonal skills						
Demonstrated active and reflective listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapted language to meet learner requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established and maintained effective trainer / learner relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used appropriate body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All candidate's documentation / evidence gathered by the Trainer in accordance with organisational compliance and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively dealt with resistance, reluctance, uncertainty, or confusion (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed conflict/behavioural interaction (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved By:	Jonathan Donnelly	Date:	18/05/2023	Document Number:	
Filename & Path:	GRP/Member Education/008- Forms/Education Forms & Guides – Current Versions		Version:	3.0	Page 1 of 3

Evaluation Criteria	Fully Developed			Not Developed		
	NA	5	4	3	2	1
Monitored group and individual interactions and made changes to delivery to accommodate needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound knowledge of the content being delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to answer questions and queries from the learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitored and addressed any WHS issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess competence & Plan assessment						
Communicates information and explains the assessment process clearly, using techniques appropriate to the audience and environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures candidates are aware of the competency standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirms understanding and clarity of the assessment process with the candidates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes and maintains an effective assessor / candidate relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All candidate's documentation / evidence reviewed by the Assessor in accordance with organisational compliance and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written / oral answers confirmed and assessed against benchmarks in the Delivery and Assessment Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures practical assessment tasks are assessed against Observation Checklist Benchmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Assessment Tasks are completed for each candidate and the outcome appropriately recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviews the assessment process and outcomes in consultation with the candidate and trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated Strengths						
Opportunities for Improvement						

Approved By:	Jonathan Donnelly	Date:	18/05/2023	Document Number:	
Filename & Path:	GRP/Member Education/008- Forms/Education Forms & Guides – Current Versions	Version:	3.0	Page 2 of 3	

Probationary Facilitator Declaration

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

Probationary Facilitator Name:			
Probationary Facilitator Signature:		Date:	

Mentor Declaration

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

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

SLSQ Office Use Only:

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

Please refer to section 10 of the TOM "How to be a Facilitator" 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	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 Signoff Name:			
SLSQ Signoff Signature:		Date:	

Approved By:	Jonathan Donnelly	Date:	18/05/2023	Document Number:	
Filename & Path:	GRP/Member Education/008- Forms/Education Forms & Guides – Current Versions		Version:	3.0	Page 3 of 3