

Probationary Training Officer - Observation Form

Use this form to record the observation(s) and deliveries on a probationary trainer and provide feedback.

It is not an assessment tool, but rather an instrument for induction into Surf Lifesaving programs after having completed the "TAESS00014 - Enterprise Trainer-Presenting Skill Set" OR TAE40116 Certificate IV Training and Assessment (or equivalent) and meeting the organisational requirements.

Probationary Trainer Name:	
Probationary Trainer Club:	
Course Start and Finish Dates:	
Assessment ID:	
Course Name: <i>(SRC, BM, IRB Crew, IRB Drivers, Radio etc.)</i>	
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.

Supervisor Assessment and Feedback	Fully Developed			Not Developed		
	NA	5	4	3	2	1
Evaluation Criteria						
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"/>

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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"/>
Sound ability to demonstrate the necessary 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"/>
Demonstrated Strengths						
Opportunities for Improvement						

Probationary Trainer Declaration

As the probationary trainer, 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 trainer 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 Trainer Name:			
Probationary Trainer Signature:		Date:	

Mentor Declaration

As the qualified and current trainer for this award I verify that I supervised the probationary trainer 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 Trainer with feedback, areas for improvement and advised the probationary of my recommendation as per below.

Recommendation:	Further training required: <input type="checkbox"/> Proceed to Final Delivery: <input type="checkbox"/> The probationary trainer has completed all requirements and I recommend the member to be sign off as "Training Officer" 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 member has met minimum requirements to be endorsed.

Please refer to section 8 of the TOM "How to be a Training Officer" 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:	
Below required for any course where UOCs/Qualifications being issued (Bronze/Cert II etc.)			
TAE Qualification	Trainer 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:		
	Assessment ID:		
SLSQ Signoff Name:			
SLSQ Signoff Signature:		Date:	