

Evaluation Criteria	Fully Developed			Not Developed		
	NA	5	4	3	2	1
Assess competence & Plan assessment						
Communicates information and explains the induction 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"/>
Confirms understanding and clarity of the induction process with the candidates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All candidate's documentation / evidence reviewed 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Induction 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"/>
Demonstrated Strengths						
Opportunities for Improvement						

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

The probationary endorsed delegate declares the information provided is true and accurate to the best of their knowledge and that they have read and understood the feedback provided by the mentor.

Probationary Delegate Name:			
Probationary Delegate Signature:		Date:	

Mentor Declaration

As the qualified TAF and mentor, I verify that I supervised the probationary endorsed delegate during the Observation/Delivery/ Final Delivery and Sign off (*as indicated on page one*).

I also verify that I was physically present during this training. I have provided the probationary endorsed delegate with feedback, areas for improvement and the outcome of my recommendation (as listed below).

Recommendation:	Further training required <input type="checkbox"/> Proceed to Final Delivery and Sign Off <input type="checkbox"/>		
Mentor Name:			
Mentor Signature:		Date:	

Branch/SLSQ Office Use only

Please collate any other probationary forms, review, and ensure the probationary endorsed delegate has met minimum requirements to be endorsed.

Please refer to section 8.1 of the TOM "ENDORSED DELEGATES – SSV / Tractor" in relation to paperwork processing.

Current & Financial Member	Season:		
Blue Card	Expiry Date:		
CYRM & CSA	CRYM Completion Date:	CSA Completion Date:	
SLSA Award	Completion Date:		
Endorsement Added:	Assessment ID:		
Endorsement Added:	Date Allocated:		
Branch/SLSQ Officer Name:			
Branch/SLSQ Officer Signature:		Date:	