

## **Endorsed Delegate SSV/Tractor – Probationary Observation Form**

This form is to record probationary delivery(s) of SSV or Tractor Inductions for Probationary Endorsed Delegates.

Probationary Endorsed Delegate's Name:									
Probationary Endorsed Delegate's Club:									
Venue:									
Course Type:	QLD SSV Inc	duction:		QLD	Tractor	Inductio	n:		
Course Date(s):									
Assessment ID:									
Mentor Name:									
Probation Type: (please tick one only)	Observation:		Full Course	Delivery:		Final D	Delivery	& Sign off	: 🔲
Course Deliver F The mentor is to provide		-	m below base	ed on wh	at they o	observe	ed.		
					Fully D	evelop	ed	Not Devel	oped
Evaluation Criteria				NA	5	4	3	2	1
Communication and int	terpersonal s	skills							
Demonstrated active an	d reflective lis	stening	skills						
Adapted language to me	eet learner red	quireme	ents						
Established and maintai relationship	ined effective	trainer	/ learner						
Used appropriate body l	language								
All candidate's documer the Trainer in accordance compliance and procedure	ce with organi								
Effectively dealt with resuncertainty or confusion		tance,							
Managed conflict/behav	ioural interact	tion (if r	elevant)						
Monitored group and inc changes to delivery to a			and made						
Sound knowledge of the	content bein	g delive	ered						
Ability to answer question learners									
	ed any WH&S	ioouoo							



		Fully Developed			Not Developed	
Evaluation Criteria	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						
Confirms understanding and clarity of the induction process with the candidates						
All candidate's documentation / evidence reviewed in accordance with organisational compliance and procedures						
Written / oral answers confirmed and assessed against benchmarks in the Assessment Guide						
Ensures practical assessment tasks are assessed against Observation Checklist						
All Induction tasks are completed for each candidate and the outcome appropriately recorded						
Demonstrated Strengths						
Opportunities for Improvement						

Appro	ved By:	Jonathan Donnelly	Date:	18/05/2023	Document I	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 F	Proceed to Final Delivery and Sign Off $\Box$
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:				
	Date Allocated:				
Branch/SLSQ Officer Name:					
Branch/SLSQ Officer Signature:		Date:			

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