



## **HLTAID011 Provide first aid**

### ***Assessors Instructions Part 1***

*Must be read in conjunction with the TAS*

*This booklet must be returned to Sitetrain*

Course Date: \_\_\_\_\_

Couse Venue: \_\_\_\_\_

Trainer/Assessor: \_\_\_\_\_





**Documentation Checklist**

<b>Full Name Trainer:</b>	
<b>Third Party Client:</b>	
Instructions: Please ensure you read and respond to each item, to ensure nothing has been missed.	
Document Checklist	Tick
<input type="checkbox"/> Enrolment Forms are filled out correctly	Yes / No
<input type="checkbox"/> USI Details supplied <input type="checkbox"/> POI Sighted Please read USI information sheet, to ensure you have supplied required documentation, if the required documentation is not supplied Sitetrain cannot issue a Certificate.	Yes / No
<input type="checkbox"/> Were pre-enrolment interview required (if yes include documents)	Yes / No
<input type="checkbox"/> Was enrolment information provided to students (if No please explain) Student Handbook, Fee Schedule if fee paying student, Course Brochure, USI Fact Sheet, Enrolment	Yes / No
<input type="checkbox"/> Theory Assessments Please check that theory assessments have been marked and all require information has been filled out.	Yes / No
<input type="checkbox"/> Practical Assessments Please ensure all practical assessments have been included, and all documentation has been filled out correctly. It is important to put as much detail as possible on the assessment paperwork. Assessments that lack details will be sent back. Comments are critical.	Yes / No
<input type="checkbox"/> Supporting Documents If it is requirement, please supply all supporting documents. Documentation to be gathered may include but is not limited to the following work documents; JHA, diaries, log sheets, incident/ accident reports, Work log sheets, hazards reports, permits, etc.	Yes / No
<input type="checkbox"/> Training Venue Check List	Yes / No
<input type="checkbox"/> Please ensure trainers and students have signed all required documentation	Yes / No

Trainer signature: ..... Date:.....

**Deviation from Scheduled Practical Assessment Scenario Request.**

*Due to the fact Sitetrain’s training and assessment strategy (TAS) almost always entails training onsite, utilising onsite facilities and equipment and incorporating site critical standards for risk assessment techniques and hazard controls, this section provides authorisation by the client to deviate from the prescribed (TAS) by the use of site specific training and assessment scenarios tailored to incorporate site based facilities. This is to ensure that students are not disadvantaged by assessing them against purely theoretical classroom based scenarios in order to maintain compliance to the prescribed TAS, but rather be assessed more appropriately using their own systems.*

**Assessor - Describe scenario:** Assessor to tick box if no deviation from TAS was required.

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List critical equipment required for the execution of the scenario, i.e. “Tank 6”, ladder, gas monitor, extraction fans etc.


**Site Request:** I \_\_\_\_\_ who performs in the role as \_\_\_\_\_

on behalf of (company name) \_\_\_\_\_ request and authorise the use of the site based scenario detailed above, which utilises site facilities and equipment. I have read the prescribed assessment scenario and agree that assessing using it would be disadvantageous to our students as compared with the scenario detailed above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Training Venue Suitability Checklist** (Must be completed before every training day)

<b>Venue Name:</b>			
<b>Address:</b>			
<b>Date of inspection:</b>			
<b>Conducted by:</b>			
<b>Description:</b>	Venue type, capacity, room number, etc.		
<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>Action / Comment</b>
Is the venue accessible to persons in wheelchairs or using walking aids?			
Are there suitable amenities and facilities?			
Are presentation aids available such as projector, screens, whiteboard, etc?			
Are there suitable seating arrangements and work areas?			
Is the venue safe? Are there and hazards that need to be addressed?			
Are there fire and evacuation procedures in place and access to first aid equipment and assistance?			
Are there suitable areas for breakout and practical activities?			
Is the lighting and ventilation adequate?			
Can the trainer adjust the temperature from within the training room?			
Is the facility covered by public liability insurance?			
Does the facility have a smoking policy? Are there smoking areas?			
Are there sufficient electrical outlets?			
Is there internet access? Do you require an access code?			
Please provide any further comments about the suitability of the training venue:			
<b>Person conducting check:</b>			
<b>Name and Signature:</b>			

**Re-Assessment**

<b>Title:</b>		<b>First Given Name:</b>		<b>Family Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			<b>Birth Date:</b>	
<b>Home Number:</b>				<b>Mobile Number:</b>	
<b>USI:</b>			<b>Email Address:</b>		

By signing the for, I agree that;

- The information provided on this form are true and correct and forms part of my initial enrolment form.
- I understand that I am being re-assessed as I was found to be not yet competent for this unit.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please indicate below what task/s, are being reassessed.
- It is critical that assessor provide comment of reassessment.
- If reassessment is deemed to be satisfactory please indicate below;

Task	Satisfactory	Not Satisfactory	Comment
Practical Task 1			
Practical Task 2			
Practical Task 3			
Practical Task 4			
Theory Assessment			

By signing this document, the trainer declares that:

- I have sighted the student's proof of identity or have confirmed a referee has been provided.
- I have conducted the assessment with the student according to the training package guidelines and the training and assessment strategy.
- The assessment evidence is valid, sufficient, authentic and current.
- The assessment practice is fair, flexible, valid and reliable.
- I have provided feedback to student.

By signing below, I confirm that the student has demonstrated competency.

<b>Assessor Name:</b>	<b>Assessor Signature:</b>

Sitetrain needs to be notified when reassessment is required via email or phone. This form must be returned together with student pack when student had reached competency.

**Training Material Continuous Improvement**

This form is to be used by the Trainer to highlight any issues with the training slideshow (PowerPoint presentation) or questions in the student assessment pack.

Please outline the specific area of concern and if you can, suggest changes to improve, eg: **Slide: 7** is ambiguous and needs to be clearer in the information provided to the student.

**Improvement:** Make the information bullet point instead of sentence style.

Please circle the required resource that needs attention: Slide or Question

Slide or Question	Issue:
Improvement:	
Slide or Question	Issue:
Improvement:	
Slide or Question	Issue:
Improvement:	
Slide or Question	Issue:
Improvement:	

If you cannot think of an improvement or are not sure, then please note that and we at Sitetrain will discuss the issue with ALL of our trainers and see what we can do to improve or change the issue that has been highlighted.



### General Improvement

Please comment in the space below for general improvements on any aspect other than the presentation or answer sheets. They may include simple spelling and grammar issues to suggested layout improvements. You may not have the answer but if you raise it as an issue we can discuss with ALL our trainers and come up with a solution to the issue. If you have an issue it is a fair chance other trainer have the same.

Please circle the required resource that needs attention.

Issue: Student Pack – Assessor Instruction – Checklists – Permit – Other – Training Equipment
Suggested Improvement:
Issue: Student Pack – Assessor Instruction – Checklists – Permit – Other – Training Equipment
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