



**RIIHAN305D Operate gantry or overhead crane
Assessor Instructions – Part 1**

To be read in conjunction with TAS

Document to be returned to Sitetrain

Course Date: _____

Couse Venue: _____

Trainer/Assessor: _____

Student agrees to the following:

- I have been provided with a copy of the student handbook outlining sufficient information about my rights/obligations to make an informed decision about the services being provide.
- I agree that I am physically able to meet the requirements of this course and understand that I will not hold the trainer or RTO responsible for injury or illness that occurs from this training
- I have adequate language, numeracy and literacy skills to complete the course as specified in the student information.
- I have received and understand the course information given to me in the course brochure.
- I understand the fee schedule given to me prior to the course. Note: this is only for fee paying students.
- I understand the USI requirements and have had this explained to me and been provided a fact sheet. I also understand that by not providing a USI I am aware I will not receive a certificate for this training.
- I understand and give consent that if my employer paid for this course, my employer will be given a copy of my certificate.
- I understand that if this training has been organised or paid for via a third party they will receive my certificate and give it to me. I am also aware I can contact Sitetrain to get a replacement certificate or report third-party for not providing me my certificate.
- I am aware that Sitetrain encourage feedback on all training and processes.

To be completed by the course participants. Please print your name CLEARLY!			
DATE	PARTICIPANTS NAME	SIGNATURE	Trainer to Complete
			POI Check

Assessor/Trainer Name: _____ Assessor/Trainer Signature: _____

Documentation Checklist

Full Name Trainer:	
Third Party Client:	
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.

Deviation request is not required for this module; an overhead crane must be used to move a load.

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

Venue Name:			
Address:			
Date of inspection:			
Conducted by:			
Description:	Venue type, capacity, room number, etc.		
Item	Yes	No	Action / Comment
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:			
Person conducting check:			
Name and Signature:			

Re-Assessment

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

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			
Theory Assessment			

By signing this document, the trainer declares that:

- I have sighted the students 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.

Assessor Name:	Assessor Signature:

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:
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