**­TAF Details**

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| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Email** |  | **Phone No** |  |
| **Date of Birth** |  | **Club** |  |

Please complete this document in full and email to [**trainermatrix@lsv.com.au**](mailto:trainermatrix@lsv.com.au)

**SECTION 1 – Training & Assessment / Vocational Qualifications / Working with Children Check**

Please:

* Select Training and Assessment Qualification held.
* Provide details of your current Working with Children Check (if not previously provided to LSV).
* Complete details of recent LSV RTO Policy Review
* Select units of competency that you currently hold on the ‘Accredited Training Course List’ table.
* Provide copies of Statements of Attainment/Qualifications (if not obtained via LSV).

|  |  |
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| **Training and Assessment Qualification Held**  Please attach a certified copy (if not previously provided to LSV) | **Please Tick ** |
| **TAE40122 Certificate IV Training and Assessment** |  |
| **TAE40116 Certificate IV Training and Assessment** |  |
| **TAE40110 Certificate IV Training and Assessment**  Plus, TAELLN411 or TAELLN401A Address adult language, literacy and numeracy skills  And TAEASS502 or TAEASS502A or TAEASS502B Design and develop assessment tools |  |
| **TAESS00011 Assessor Skill Set**  Includes TAEASS402 Assess competence, TAEASS401 Plan assessment activities and processes, TAEASS502 Design and develop assessment tools, TAEASS403 Participate in assessment validation |  |
| **TAESS00001 Assessor Skill Set**  Plus, TAEASS502 or TAEASS502A or TAEASS502B Design and develop assessment tools |  |
| **TAESS00007 / TAESS00014 Enterprise Trainer - Presenting Skill Set \***  Includes BSBCMM401 Make a presentation, TAEDEL301 Provide work skill instruction |  |
| **OTHER – Please specify:** |  |

\* Trainers who are working under supervision are required to nominate their Certificate IV qualified Supervisor in section 6 and complete a review meeting every 6 months for the duration of this matrix.

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| **WWCC** | **Card No.** |  | **Expiry date** |  |
| **RTO policy review** | **Date of review** |  | **Document version** |  |

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| **Accredited Training Course List:** | | **Units of Competency** | **Please Tick ** |
| **First Aid & Emergency Care** | **Resuscitation (CPR)** | HLTAID009 |  |
| **Basic Emergency Life Support (BELS)** | HLTAID009, HLTAID010 |  |
| **First Aid (FA)** | HLTAID009, HLTAID010, HLTAID011 |  |
| **Advanced Resuscitation Techniques (ART)** | HLTAID09, HLTAID015  (Must hold HLTAID011 as prerequisite) |  |
| **Aquatic Rescue\*\*** | **Cert II Public Safety** | HLTAID002, PUASAR012, PUACOM001, PUAOPE013, PUASAR013, PUATEA004, PUATEA001, PUAWHS001 |  |

**\*\*Aquatic rescue is for Cert IV holders seeking endorsement to assess Cert II RPL only**

**SECTION 2 – Volunteer Skills, Experience and Industry Currency**

* Select the courses you would like to train and/or assess
* Provide detailed responses of the skills and experience (3 years – current) you have
* Complete the table below detailing the roles you have held within lifesaving (**excluding** delivery of training and assessment), which assist in demonstrating your industry currency / experience. This also includes any industry related professional development. Please only complete the rows applicable to yourself.
* Provide detailed responses in any other related industries associated with the training courses which you would like to deliver.

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| **Award** | **Delivering (Y/N)** | **Skills, Experience and Industry Currency (3 years - present)** |
| **Resuscitation (CPR)** |  |  |
| **First Aid (FA)** |  |
| **Advanced Resuscitation Techniques (ART)** |  |
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| **Cert II Public Safety**  *RPL Assessors only*  *(Must hold CERT IV)* |  |  |

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| **Volunteer Experience / Industry Currency (Last 3 years) - (LSV / SLSA Specific)** | | | | |
| **Position** | **Applicable (Y/N)** | **Date from** | **Date to** | **Role Summary / Evidence** |
| **Patrolling Member** |  |  |  | As detailed in the LSV SOP 1.03 Patrol Member Duties document. |
| **Event / Training Water Safety** |  |  |  | As detailed in the LSV SOP 8.03 Water Safety Procedure document. |
| **LSV Paid Lifeguard** |  |  |  | As detailed in the LSV Paid Lifeguard - Position Description document. |

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| **Other Volunteer Experience / Industry Currency (Last 3 years) - (Other)** | | | | |
| **Position** | **Organisation** | **Date from** | **Date to** | **Responsibilities** |
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**SECTION 3 - Professional Development in VET/Training and Assessment**

* Provide details of professional development (PD) relevant to maintaining, upgrading, and/or developing how you train and assess and the requirements of Vocational Education and Training (VET) environment. PD undertaken must be within the past 12 months.
* List what you learnt from undertaking the PD listed above and how it relates to maintaining/upgrading your training/ assessing knowledge and skills.
* Types of PD evidence can be in the form of a receipt, agenda, minutes, certificate, subscription, award or statutory declaration, but must be available to LSV within 24hrs of a request.

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| **Activities undertaken in the past 12 months** | | | |
| **PD name/activity** |  | **Date Completed** |  |
| **Organisation** |  | **Duration (hrs)** |  |
| **PD learnings –** How does this PD improve your training/teaching practices? | | **Evidence Type** |  |
|  | | | |
| **PD name/activity** |  | **Date Completed** |  |
| **Organisation** |  | **Duration (hrs)** |  |
| **PD learnings –** How does this PD improve your training/teaching practices? | | **Evidence Type** |  |
|  | | | |
| **PD name/activity** |  | **Date Completed** |  |
| **Organisation** |  | **Duration (hrs)** |  |
| **PD learnings –** How does this PD improve your training/teaching practices? | | **Evidence Type** |  |
|  | | | |
| **PD name/activity** |  | **Date Completed** |  |
| **Organisation** |  | **Duration (hrs)** |  |
| **PD learnings –** How does this PD improve your training/teaching practices? | | **Evidence Type** |  |
|  | | | |

**SECTION 4 - VET/Training and Assessment Professional Development Plan**

It is an expectation that trainers/assessors/facilitators have a VET/Training and Assessment Professional Development Plan in place demonstrating regular, ongoing PD. Below is a template to use for this purpose. If the below is not completed on submission, you must be able to make your plan on request.

This plan should include details of your planned professional development (PD) relevant to maintaining, upgrading, and/or developing how you train and assess the requirements of the Vocational Education and Training (VET) environment for the next 24-month period.

LSV provides the opportunity for a Sibling Membership with VELG who provide PD opportunities in this area. Other relevant PD can be found on the Trainer PD website.

| **Planned PD activities for the next 12 months (July 2023-June 2025)** | | |
| --- | --- | --- |
| **Month** | **PD name/activity** | **Organisation** |
| **July to**  **December 2023** |  |  |
| **January to June 2024** |  |  |
| **July to**  **December 2024** |  |  |
| **January to June 2025** |  |  |

**SECTION 5 – Trainer/Assessor/Facilitator Declaration**

* I confirm I have provided accurate information for the purposes of demonstrating how my skills and knowledge relate to the outcomes of each unit of competency listed. The details provided for each unit are relevant to the specific content.
* I have attached relevant certificates and evidence of current roles and can provide evidence of listed professional development within 24 hours of a request by LSV.
* I agree that I have read and will abide by the Life Saving Victoria RTO Policies
* I hereby consent to Life Saving Victoria making enquiries and verifying information submitted as part of my trainer/assessor/facilitator role.
* I expressly authorise issuing institutions, RTOs, higher education providers and other relevant organisations to provide verification to Life Saving Victoria of qualifications, a record of results, statements of attainment, USI transcripts and other certificates or information I have provided to Life Saving Victoria that relate to my role as a trainer/assessor/facilitator.

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| **Name** |  | **Signature** |  | **Date** |  |

***This next section is only relevant to Trainers working under supervision who do not hold a full Certificate IV in Training and Assessment qualification or above***.

**SECTION 6 - Training Under Supervision**

Trainers who do not hold a full Certificate IV and are working under supervision are required to meet one-on-one with a trained and authorised Supervisor (full Cert IV TAE holder and must be endorsed to deliver the activities being supervised) following delivery of an accredited course every 6 months for the duration of this D9 Matrix. Items discussed must be documented below to demonstrate that guidance and monitoring is being conducted.

This supervision report will be completed at each of these meetings. Four (4) copies of this form with the date range each meeting should take place in have been provide for you on the following pages.

As part of its monitoring activities, LSV may contact you and your supervisor following delivery of accredited training for the at any point during the period of this D9.

**Meeting Details (Sept 2023 – Mar 2024)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainer Name** |  | **Supervisor Name** |  |
| **Date** |  | **Location** |  |

**Summary of courses delivered in this period**

(If more space is required please attach additional pages)

|  |  |  |
| --- | --- | --- |
| **Course Date/s** | **Award** | **Location** |
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Trainer and Supervisor to meet and discuss the following items and document the discussion / outcomes.

|  |  |
| --- | --- |
|  | All equipment was in place and tested prior to course commencement. |
|  | Trainer accessed the required course resources to prepare and deliver training |
|  | Trainer as able to gather information on and address candidate needs including LLN, medical, personal, and adult learning environment |
|  | Code of conduct, candidate behaviour and plagiarism addressed. |
|  | Trainer used the session plan as described in the TAG and any modifications captured in course notes. |
|  | Trainer showed knowledge of course content and was confident in delivering all aspects |
|  | Trainer connected with their learners and instilled confidence in them |
|  | Trainer worked as part of a team and demonstrated their ability to draw on the knowledge of other team members |
|  | Trainer engaged the candidates in open discussion where appropriate and managed discussions to ensure they remained focused avoiding excessive “war stories”. |
|  | Trainer utilised appropriate communication strategies with candidates and provided suitable feedback where appropriate |
|  | Trainer utilisted appropriate Training and Assessment Platforms to gather course evidence |

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| **Any issues experienced by the Trainer working under supervision** |
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| **Any further guidance / support / direction provided to or requested by Trainer working under supervision** |
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| **Additional Comments** |
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**TRAINER UNDER SUPERVISION TO COMPLETE**

I have formally met and discussed the above items with my Supervisor. I agree to implement any improvements to my future delivery as required. I request to be authorised to continue to train the applicable awards.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Signature** |  | **Date** |  |

**SUPERVISOR TO COMPLETE**

I have formally met and discussed the above items with the Trainer. I have provided information on any improvement to the Trainer as required. I request to endorse the person listed above to train the applicable awards.

|  |  |  |  |  |  |
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| **Name** |  | **Signature** |  | **Date** |  |

**Meeting Details (April 2024 – Aug 2024)**

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| --- | --- | --- | --- |
| **Trainer Name** |  | **Supervisor Name** |  |
| **Date** |  | **Location** |  |

**Summary of courses delivered in this period**

(If more space is required please attach additional pages)

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| **Course Date/s** | **Award** | **Location** |
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Trainer and Supervisor to meet and discuss the following items and document the discussion / outcomes.

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| --- | --- |
|  | All equipment was in place and tested prior to course commencement. |
|  | Trainer accessed the required course resources to prepare and deliver training |
|  | Trainer as able to gather information on and address candidate needs including LLN, medical, personal, and adult learning environment |
|  | Code of conduct, candidate behaviour and plagiarism addressed. |
|  | Trainer used the session plan as described in the TAG and any modifications captured in course notes. |
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|  | Trainer connected with their learners and instilled confidence in them |
|  | Trainer worked as part of a team and demonstrated their ability to draw on the knowledge of other team members |
|  | Trainer engaged the candidates in open discussion where appropriate and managed discussions to ensure they remained focused avoiding excessive “war stories”. |
|  | Trainer utilised appropriate communication strategies with candidates and provided suitable feedback where appropriate |
|  | Trainer utilisted appropriate Training and Assessment Platforms to gather course evidence |

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| **Any issues experienced by the Trainer working under supervision** |
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| **Any further guidance / support / direction provided to or requested by Trainer working under supervision** |
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| **Additional Comments** |
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**TRAINER UNDER SUPERVISION TO COMPLETE**

I have formally met and discussed the above items with my Supervisor. I agree to implement any improvements to my future delivery as required. I request to be authorised to continue to train the applicable awards.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Signature** |  | **Date** |  |

**SUPERVISOR TO COMPLETE**

I have formally met and discussed the above items with the Trainer. I have provided information on any improvement to the Trainer as required. I request to endorse the person listed above to train the applicable awards.

|  |  |  |  |  |  |
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| **Name** |  | **Signature** |  | **Date** |  |

**Meeting Details (Sept 2024 – Mar 2025)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainer Name** |  | **Supervisor Name** |  |
| **Date** |  | **Location** |  |

**Summary of courses delivered in this period**

(If more space is required please attach additional pages)

|  |  |  |
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| **Course Date/s** | **Award** | **Location** |
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Trainer and Supervisor to meet and discuss the following items and document the discussion / outcomes.

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|  | All equipment was in place and tested prior to course commencement. |
|  | Trainer accessed the required course resources to prepare and deliver training |
|  | Trainer as able to gather information on and address candidate needs including LLN, medical, personal, and adult learning environment |
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| **Any issues experienced by the Trainer working under supervision** |
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| **Any further guidance / support / direction provided to or requested by Trainer working under supervision** |
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| **Additional Comments** |
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**TRAINER UNDER SUPERVISION TO COMPLETE**

I have formally met and discussed the above items with my Supervisor. I agree to implement any improvements to my future delivery as required. I request to be authorised to continue to train the applicable awards.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Signature** |  | **Date** |  |

**SUPERVISOR TO COMPLETE**

I have formally met and discussed the above items with the Trainer. I have provided information on any improvement to the Trainer as required. I request to endorse the person listed above to train the applicable awards.

|  |  |  |  |  |  |
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| **Name** |  | **Signature** |  | **Date** |  |

**Meeting Details (April 2025 – Aug 2025)**

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| --- | --- | --- | --- |
| **Trainer Name** |  | **Supervisor Name** |  |
| **Date** |  | **Location** |  |

**Summary of courses delivered in this period**

(If more space is required please attach additional pages)

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| --- | --- | --- |
| **Course Date/s** | **Award** | **Location** |
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Trainer and Supervisor to meet and discuss the following items and document the discussion / outcomes.

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| --- | --- |
|  | All equipment was in place and tested prior to course commencement. |
|  | Trainer accessed the required course resources to prepare and deliver training |
|  | Trainer as able to gather information on and address candidate needs including LLN, medical, personal, and adult learning environment |
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|  | Trainer engaged the candidates in open discussion where appropriate and managed discussions to ensure they remained focused avoiding excessive “war stories”. |
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| **Any issues experienced by the Trainer working under supervision** |
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| **Any further guidance / support / direction provided to or requested by Trainer working under supervision** |
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| **Additional Comments** |
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**TRAINER UNDER SUPERVISION TO COMPLETE**

I have formally met and discussed the above items with my Supervisor. I agree to implement any improvements to my future delivery as required. I request to be authorised to continue to train the applicable awards.

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| **Name** |  | **Signature** |  | **Date** |  |

**SUPERVISOR TO COMPLETE**

I have formally met and discussed the above items with the Trainer. I have provided information on any improvement to the Trainer as required. I request to endorse the person listed above to train the applicable awards.

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| **Name** |  | **Signature** |  | **Date** |  |

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| **Administrator, RTO Quality Assurance (To be completed by LSV staff):**  I confirm that I have read the information provided within this document and acknowledge that the skills, knowledge, and experience of the person named are appropriate to deliver the accredited courses listed above | | | | | |
| I confirm that the following have been submitted: | | | | | **Please Tick ** |
| SECTION 1: Training & Assessment / Vocational Qualifications / Working with Children Check | | | | |  |
| SECTION 2: Volunteer Skills, Experience and Industry Currency | | | | |  |
| SECTION 3: Professional Development in VET/Training and Assessment | | | | |  |
| SECTION 4: VET/Training and Assessment Professional Development Plan | | | | |  |
| SECTION 5: Trainer Declaration | | | | |  |
| SECTION 6: Training Under Supervision (If only hold TOC) | | | | |  |
| **Staff Name** |  | **Staff Signature** |  | **Date** |  |

**Administrator, RTO Quality Assurance Delivery Approval\***

Based on the evidence provided, the above-mentioned trainer has provided evidence that they hold the training and vocational qualifications, and vocational currency and experience to deliver the below courses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course types** | **Units of competency** | **Approval to Deliver (Y/N)** | | |
| **T** | **A** | **F** |
| **Provide Cardiopulmonary Resuscitation** | HLTAID009 |  |  |  |
| **Provide First Aid** | HLTAID009, HLTAID010, HLTAID011 |  |  |  |
| **Provide Advanced Resuscitation Techniques** | HLTAID09, HLTAID015  (Must hold HLTAID011 as Pre-Requisite) |  |  |  |
| **Cert II Public Safety (Aquatic Rescue)** | HLTAID002, PUASAR012, PUACOM001, PUAOPE013, PUASAR013, PUATEA004, PUATEA001, PUAWHS001 |  |  |  |