**Annual Observation of First Aid Trainer/Assessor Competence** 

Internal verifier’s name:

Trainer/assessor name(s):

Class group:

Date of observation: Unit observed:

|  |  |
| --- | --- |
| **Areas of competence:** | **Comments:** |
| Evidence of planning and effective course delivery |  |
| How were learning materials used for the learning needs of the learner/group? |  |
| How did the trainer/assessor manage equipment in a safe and effective manner? |  |
| Evidence of adapting learning to meet the needs of learner/group |  |

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| **Areas of competence:** | **Comments:** |
| Did the assessor cover all unit outcomes and assessment criteria effectively? |  |
| Is the trainer/assessor’s first aid knowledge in line with current protocols? |  |
| Were assessment decisions and all course materials recorded as per course requirements? |  |
| Is trainer/assessor competent in line with assessment strategy? | (Indicate as appropriate)  Yes  No |
| Observation met current duration times as per the  Assessment strategy? |  |
| Required actions?  (if appropriate) |  |

Internal verifier’s signature: Date report completed: