

PURPOSE: The purpose of the Trainer Assessor Profile is to demonstrate compliance with AQTF 1.4 and VRQA 3.1, 3.2, 3.3. 3.4 and to establish that Trainer Assessors have:

- (a) Certificate IV in Training and Assessment or a qualification in adult education at a diploma or higher level, (b) Vocational competencies at least to the level being delivered and assessed, (c) Current industry skills directly relevant to the training/assessment being provided, (d) Current knowledge and skills in vocational training and learning that informs their training and assessment.

TIMING: This form is to be completed and returned to the Compliance Manager by the 31st October each year.

You must be able to submit evidence of vocational competence AND currency as per the following pages for ALL courses you select from the list on pg. 2 that you wish to deliver.

Instructions completing this form

This form can be completed electronically or by printing a hard copy and completing by hand. This form will be used to evaluate if each trainer/assessor satisfies the requirements to deliver training on behalf of National First Aid.

The form is split into 8 sections – each trainer must provide sufficient evidence for **all sections**. The rules of evidence are used when making this evaluation. Evidence must be current, valid, sufficient and authentic.

When submitting the evidence, please ensure copies of Qualifications/Statements of Attainments etc must be certified by a Justice of the Peace or other appropriate person before submitting them. You must provide sufficient evidence to cover all of the training products you have selected on page 2.

Name of RTO & Code:	NATIONAL FIRST AID – RTO 3981			
Trainer Name:	_____			
Position:	<input type="checkbox"/> Trainer / Assessor	<input type="checkbox"/> Trainer	<input type="checkbox"/> Assessor	<input type="checkbox"/> Other
Employment Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Training Partner
Trainer Organisation Name:	_____			

Section 1: Training Products to be Delivered / Assessed

Please select the units of competency you wish to deliver.

Please select <input checked="" type="checkbox"/> the units of competency you wish to deliver.				Evidence Attached
Training Product to be Delivered / Assessed. Tick which units of competency this matrix relates to - i.e. which qualifications are you delivering and assessing. **You must be able to supply sufficient evidence to meet the requirements for all units of competency you have selected.	<input type="checkbox"/>	HLTAID001	Provide Cardiopulmonary Resuscitation	<input type="checkbox"/>
	<input type="checkbox"/>	HLTAID002	Provide Basic Emergency Life Support	<input type="checkbox"/>
	<input type="checkbox"/>	HLTAID003	Provide First Aid	<input type="checkbox"/>
	<input type="checkbox"/>	HLTAID004	Provide an Emergency First Aid Response in an Education Care Setting	<input type="checkbox"/>
	<input type="checkbox"/>	HLTAID006	Provide Advanced First Aid	<input type="checkbox"/>
	<input type="checkbox"/>	HLTAID007	Provide Advanced Resuscitation	<input type="checkbox"/>
	<input type="checkbox"/>	22300VIC	Course in First Aid Management of Anaphylaxis	<input type="checkbox"/>
	<input type="checkbox"/>	22282VIC	Course in Management of Asthma Risks & Emergencies in the Workplace	<input type="checkbox"/>
	<input type="checkbox"/>	22100VIC	Course in Basic Oxygen Administration	<input type="checkbox"/>

Section 2: Training and Assessment Qualifications held

Please list details of the trainer assessor qualification you currently hold, including details of the awarding institution and the date awarded.

Name of qualification (TAE)	Awarding institution	Date awarded
Trainer/assessor qualification		
Teaching and other university qualification (only include if relevant)		

Section 3: Trainer Assessor Qualifications Relevant to Training Products Delivered

Please list all competencies relevant to the units of competency you have selected in **Section 1**.

You must be able to provide sufficient evidence to meet the requirements for all training products you select above. You do not necessarily need to have the exact qualification/unit of competency. You may have qualifications over and above that you are wishing to deliver training in.

A certified copy of the certificate must be attached.

Name of vocational qualification	Awarding institution	Date awarded
Vocational qualifications, e.g. trade certificates, other certificates or statements of attainment		

Section 4: Professional Development Activities Log

Trainers/Assessors must be able to demonstrate vocational competency, current industry skills relevant to the training/assessment being undertaken, and current vocational education and training (VET) knowledge and skills. Indicate how you have improved your **Industry Knowledge** of content in units of competencies, **Industry Currency**, and **VET Knowledge** (training & assessment abilities).

Trainers/Assessors are required to provide this log along with the relevant evidence to the compliance manager by the 31st November each year.

Professional development includes any activity that extends or updates your knowledge, skill or judgement in your area(s) of practice. Types of PD examples are; formal education & training activities, informal learning activities, conferences & meetings, service activities, industry involvement, industry membership, subscriptions.

Legend: Trainer / Assessor Industry Competence (TA), Vocational Competence (VC), and VET knowledge and skills (VET)

Date:

Date	Professional Development Activity	Hours	TA	VC	VET	Description and Outcome
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5: Vocational Competency & Currency in the Industry Area

Unit of competency you are qualified to deliver	Evidence of equivalent industry (vocational) competence to the unit of competency	Recent industry currency and professional development	Confirmation of current industry skills
<p>Enter the national code and name for unit of competency delivered.</p> <p>Evidence must be shown unit by unit.</p>	<p>Enter verifiable evidence of vocational competence for the unit, such as:</p> <ul style="list-style-type: none"> • same unit / previous unit, but deemed equivalent by training package • equivalent industry skills and knowledge. If so, how gained? When? Where? With whom? • tertiary qualification units or subjects. If so, what unit/subject? What content? How is it relevant? Which organisation? When? 	<p>Enter verifiable evidence of recent industry currency and professional development (i.e. dates, duration, company/business, activity and relevance). Include statements on how these activities have given currency.</p> <p>In almost all instances, this information will be different to the evidence provided for competence.</p>	<p>Confirm you have verifiable evidence (via industry engagement strategies) that industry has endorsed your current industry skills as relevant to the units of competency delivered.</p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>
<p>█</p>	<p>█</p>		<p><input type="checkbox"/></p>

Section 6: Training Resources and Equipment

You will need to be able to demonstrate that you have sufficient resources and equipment required to effectively deliver the units/courses/qualifications.

You will need to demonstrate that you have sufficient resources and equipment required to effectively deliver the units of competency. Please list a brief description and the quantity of resources/equipment that you have.

Equipment / Resource	Description and Quantity	Equipment / Resource	Description & Quantity
<i>Resuscitation Manikins (inc adult, junior, infant)</i>		<i>Face Masks, Disposable Shields etc</i>	
<i>AED Training Device</i>		<i>Roller & Triangular Bandages</i>	
<i>Adrenaline Auto Injector Training Device</i>		<i>Placebo Bronchodilator & Spacer Device</i>	
Comments:			

Section 7: Website Details

To ensure that all advertising material related to associated training courses complies with the guidelines of VRQA, National First Aid are required to continually monitor the content displayed on the websites of all Training Partner Organisations delivering courses under a partnership agreement with National First Aid.

Do you have a website?	
<input type="checkbox"/>	Yes, I do have a website <i>(please list website address):</i>
<input type="checkbox"/>	No, I do not have a website <i>(please proceed to section 8)</i>

Section 8: Confirmation

Please read and sign the trainer assessor declaration below.

Trainer Assessor Declaration			
<p>I declare the information that I have provided in this trainer assessor profile document is a true, correct, and accurate representation of my skills, knowledge and industry currency.</p> <p>I agree to adhere to all organisational policies and procedures, and I will ensure that I comply with the requirements of the AQTF Continuing Conditions & Standards, 2016 VRQA Guidelines for VET Providers, and the training package requirements when conducting training and assessment.</p>			
Name of trainer assessor:			
Signature of trainer assessor:		Date:	

Section 9: Profile Checklist

OFFICE USE – COMPLIANCE MANAGER

Checklist for Compliance Manager				
Item requiring verification	Verified	Not verified	n/a	RTO staff member who verified information
Units of competency being delivered by trainer/assessor are on the scope of registration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All relevant qualifications held by trainer/assessor have been verified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trainer/assessor status has been verified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current trainer/assessor non-vocational professional development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trainer/assessor has mapped all units being delivered to evidence of vocational competency and industry currency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trainer/assessor has verifiable evidence, including dates, supporting vocational (industry) currency relevant to all units being delivered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Industry engagement has been undertaken to ensure vocational (industry) currency of trainer/assessor as being relevant to all units delivered and assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trainer/assessor is qualified to deliver/assess all units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trainer/assessor has provided sufficient verifiable evidence and is authorised to deliver/assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approval RTO compliance management statement			
RTO Name:	National First Aid	National Provider Number:	3981
<p>The RTO has established and verified the trainer/assessor qualifications recorded on this profile document, including equivalent vocational competence, relevant industry experience and professional development activities.</p> <p>Based on the evidence provided, this trainer and/or assessor is approved by the RTO to deliver qualifications including the units of competency under the conditions specified in the Training and Assessment Strategy (TAS) documents.</p>			
RTO compliance manager		Chief executive (principal)	
Name:		Name:	Kym Eden
Signature or email address:		Signature or email address:	
Date:		Date:	