



Training Course Report (For UAV OIP only)

Season: 2019/20
Date Revised: 4 December 2019
Version No: 1.0

A Training Course Report needs to be completed by the UAV OIP Instructor (s)

COURSE DETAILS

Course		Start Date	
Venue			
	<i>List all Approved UAV OIP Instructors, Instructor Candidates and Observers involved in the delivery of the program</i>		
	Name	Role (i.e. Instructor, Instructor Candidate, Observer)	

Venue Checklist – Complete prior to commencement of Training Course.

Checklist completed on	By	Yes	No
Is the size / layout of the venue adequate for the course (including parking arrangements)?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Are there adequate facilities / furniture for both large and small group activities?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Are there adequate arrangements for lighting / temperature control?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Is the venue accessible (i.e. disabled parking, access and toilets)?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Are emergency exits well indicated?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Are there appropriate catering (including drinking water) arrangements in place for staff / participants?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have the required equipment and resources to deliver the course?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Is all training equipment in a satisfactory state and safe to use?		<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you carried out (or reviewed) the risk assessment for the venue to ensure the safety of course staff and participants?		<input type="checkbox"/> Y	<input type="checkbox"/> N

Comments – Include here any information that future users of the venue / equipment / resources should consider.

Remember to inform the Program Coordinator or a member of the Club/Branch Management Committee if any significant hazard(s) are identified that need addressing.

Induction Checklist		
Check off each point individually OR confirm at the end that you have covered this information.		
<input type="checkbox"/>	Emergency Procedures	What is the emergency evacuation procedure? Where are the fire exits, assembly points etc.
<input type="checkbox"/>	Facilities	What facilities are available at the venue and where are they located? E.g. toilets, kitchen, first aid room.
<input type="checkbox"/>	Duration	How long will the course take to complete? How many and how long are the breaks? When will the assessment occur?
<input type="checkbox"/>	Overview	What topics will be covered, what will participants learn?
<input type="checkbox"/>	Training Methods	What kind of training will be involved? E.g. face-to-face workshops, discussions, workbook activities, practical activities.
<input type="checkbox"/>	Assessment Methods	How will participants be assessed? E.g. practical demonstration of skills, written paper, oral questioning.
<input type="checkbox"/>	Participant Feedback Opportunities	Participants can provide feedback any time on the Participant Evaluation of Course, at the end of their course
<input type="checkbox"/>	Check here to confirm that all of the above information was covered at the start of the course	

COURSE SUMMARY	
What went well?	What difficulties occurred?
Participant Exits	
Did any participants leave the course early?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the reason?	
Reasonable Adjustments	
Were any reasonable adjustments (including extensions for any assessments) made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	

Attendance Record: The attendance record forms part of the Training Course Report – it must be completed and submitted with the report.

Course:				Sessions			
Location:				Online/Canvas (if applicable)	Session 1	Session 2	Session 3
Start Date:							
Instructor (s)							
	Participant Name	Email	Club				
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attendance Record Continued...							
	Participant Name	Email	Club				
14.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>