Training Course Report

Season: 2023/24
Date Revised: August 2023
Version No 7.1

SURF LIFE SAVING
NEW SOUTH WALES

A Training Course Report must be completed by a Trainer, Assessor or Facilitator for each course that is delivered.

Course Details

Course		SurfGuard Assessment ID #			
Club/Organisation		Start Date		End Date	

Course Team	*Include here all Trainers, Assessors, Facilitators, and content experts involved in the delivery of the course.*			
	Name	Role (Trainer, Content Expert, Probationary TAF, TAF Mentor, Endorsed Assessor, Assessor, Facilitator)	Endorsed	Probationary
			☐E	☐P
			☐E	☐P
			☐E	☐P
			☐E	☐P
			☐E	☐P

Pre-course Induction Checklist – Complete prior to commencement of Training the Course.

☐	*Participant Joining Instructions* sent to all participants	The *Participant Joining Instructions* contain important information about where participants can find relevant policies and procedures, and about their Unique Student Identifier (USI).
☐	Pre-requisites / Assessment Requests	Do all participants meet the course pre-requisites/entry requirements? Click here
		Has an Assessment Request been created to ensure that award and age pre-requisites are satisfied?

Venue Checklist – Complete prior to commencement of Training the Course.

VENUE (1) address:				Venue 1	
Checklist completed on:		By:		Yes	No
Is the size / layout of the venue adequate for the course to be conducted in a Covid Safe environment? (Including parking arrangements)				☐Y	☐Y
Are there adequate facilities/furniture for both large and small group activities?				☐Y	☐N
Are there adequate arrangements for lighting /temperature control?				☐Y	☐N
Is the venue accessible (i.e., disabled parking, access, and toilets)?				☐Y	☐N
Are emergency exits well indicated?				☐Y	☐N
Is there appropriate catering arrangements in place for everyone? (Including drinking water)				☐Y	☐N
Do you have the required equipment and resources to deliver the course?				☐Y	☐N
Is all course equipment in a satisfactory state and safe to use?				☐Y	☐N
Have you carried out (or reviewed) the risk assessment for the venue to ensure the safety of everyone?				☐Y	☐N

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

Venue Checklist – Complete prior to commencement of Training the Course. *Venue 2 checklist optional (fill out if required)*					
VENUE (2) address:				**Venue 2**	
Checklist completed on:		**By:**		**Yes**	**No**
Is the size / layout of the venue adequate for the course to be conducted in a Covid Safe environment? (Including parking arrangements)				☐ Y	☐ Y
Are there adequate facilities/furniture for both large and small group activities?				☐ Y	☐ N
Are there adequate arrangements for lighting /temperature control?				☐ Y	☐ N
Is the venue accessible (i.e., disabled parking, access, and toilets)?				☐ Y	☐ N
Are emergency exits well indicated?				☐ Y	☐ N
Is there appropriate catering arrangements in place for everyone? (Including drinking water)				☐ Y	☐ N
Do you have the required equipment and resources to deliver the course?				☐ Y	☐ N
Is all course equipment in a satisfactory state and safe to use?				☐ Y	☐ N
Have you carried out (or reviewed) the risk assessment for the venue to ensure the safety of everyone?				☐ Y	☐ N
Comments – *Include here any information that future users of the venue / equipment / resources should consider.*					

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

	Joining Instructions and Course Plans	
Check off each point individually **OR** confirm at the end that you have covered this information.	
☐	Emergency Procedures	What is the emergency evacuation procedure? Where are the fire exits, assembly points etc.
☐	Facilities	What facilities are available at the venue and where are they located? E.g., toilets, kitchen, first aid room.
☐	Course Overview	What topics will be covered? (See course session plans) What will participants learn? (See learning outcomes)
☐	Course Outcomes	What nationally recognised qualification/unit(s) of competency does the course align to (if any)? What patrol and job functions can the course lead to?
☐	Course Duration	How long will the course take to complete? How many and how long are the breaks? What additional training sessions may be required? When will the assessment(s) occur?
☐	Training Methods and Tools	What kind of training will be involved? (See course session plans) E.g., face-to-face activities, online learning, workbook activities, practical activities. What online and offline training tools are available?
☐	Assessment Methods	How will participants be assessed? (See Delivery and Assessment Guide) E.g., practical demonstration of skills, written paper, oral questioning.
☐	Participant Feedback Opportunities	Participants can provide feedback any time Each participant should complete the *Participant Evaluation Form* at the end of their course or may complete a *Participant Exit Questionnaire* if exiting the course before completion.
☐		**Check here to confirm that all the above information was covered at the start of the course**

Post-Course Checklist	
☐ Training Course Report	☐ Participant Joining Instructions
☐ Assessment Request Form (Form 14) (if required)	☐ Training Enrolment Form (one per participant)
☐ Record of Supervision Form (if required)	☐ Assessment Portfolios (one per participant)
☐ Assessment feedback Form (for any participant NYC)	☐ Participant Evaluation Form (one per participant)
What went well?	**What could have been better?**

Participant Exits

Did any participants leave the course early?	☐ Yes	☐ No
If yes, what was the reason?
What did they exit with? e.g., Resuscitation/HLTAID009, Radio Operator/PUAOPE013, HLTAID010, Surf Rescue Certificate		

Reasonable Adjustments

Were any reasonable adjustments (including extensions for any assessments) made?	☐ Yes	☐ No
Where there was only one participant enrolled into the course, was an additional person (ie lifeguard) used to support scenarios in the course?	☐ Yes	☐ No
Participant Full Name(s):	Assessment Task No.	
Adjustments made:		

Final sign off by Trainer, Assessor or Facilitator (TAF)			
Before forwarding this *Training Course Report* to the Branch Director of Education, please ensure the following are attached (as per the current Education SOPs): 1. **A copy of the Participant Joining Instructions** 2. **Any other course advertisements e.g., social media sent to participants** 3. **Training Enrolment Forms for each participant** 4. **Assessment Portfolios for each participant** 5. **Participant Evaluation Forms for each participant** 6. **Assessment Feedback Forms** for any participant deemed NYC in any element 7. **Record of Supervision Forms** (if required) 8. **Risk Assessment and/or Hazard Reports** (if they were required and if they haven't already been submitted) Your Branch may also require you to provide them with a copy of: • **Assessment Request Form (Form 14 print out from SurfGuard)**			
Name		TAF	
Date		Signature	

For completion by Branch Director of Education (Branch DoE)			
Review this Training Course Report and the Participant Evaluations. Provide your overall feedback and evaluation of the course below, along with any matters that require yours, or Surf Life Saving NSW's attention.			
Feedback and overall evaluation of course:			
Any additional areas requiring attention (include timescales for completion):			
Check one of the following: ☐ All participants competent ☐ Assessment Feedback Record(s) attached (for NYC identified)			
Risk Assessment completed (for every training session) ☐ Yes (for every training session) ☐ Hazards recorded on SLSC Risk Register and actioned as required Risk Assessment must include any injuries reported, any near misses, Club Risk and Hazard Register updated			
Name		Branch DoE	
Date		Signature	

☐ Report reviewed by Branch Director of Education	Date	

COURSE ATTENDANCE RECORD: The attendance record must completed and submitted as part of the Training Course Report.

If you require more space, please include another copy of the second page of this course attendance record with your completed Training Course Report.

Course:			DATE(s) & TOPIC(s)									
Club/Organisation:												
SurfGuard Assessment ID#:												
Start Date:												
PARTICIPANT NAME	**CLUB**	**COMMENTS**										
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Tick to confirm that venue checklist has been revisited and reviewed before each session			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Attendance Record Continued…												
PARTICIPANT NAME	**CLUB**	**COMMENTS**										
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