AUSTRALIAN LIFESAVING ACADEMY NEW SOUTH WALES	**Assessment Feedback Form** Season: 2016-17 Date Revised: September 2015 Version No: 5.0

Instructions for Assessor:

(1) Complete this form for any candidate deemed Not Yet Competent (remember that verbal feedback must be provided to all candidates, regardless of whether they are deemed competent or not).

(2) Attach a copy of this form to the Training Course Report and submit to Branch Director of Education.

PERSONAL DETAILS			
Candidate Name			
Surf Club		Date of Birth	
Course		Course Date	

ASSESSMENT FEEDBACK	
Element(s) deemed NYC	
Candidate's performance in assessment	
Use this space to provide written feedback on the candidate's performance (what did they do well; what **skills and/or knowledge** require improvement?).	
Assessor's recommendation(s)	
Use this space to outline what actions should be taken to raise performance level ready for re-assessment (i.e. mentoring, further practice, gathering of further evidence).	
Assessor/CTO Contact Details (include here details of who the candidate should contact to organise re-assessment)	
Assessor/CTO Name:	Contact No:
Assessor/CTO E-mail:	

Assessor Signature		**Candidate Signature**	
Date:		**Date:**	