

ASSESSMENT TOOL – UNIT 5 CHECK STARTER

Element / Performance Criteria CHECK STARTER	Displayed Competency		Comments
	YES	NO	Must be completed if Competency has been marked NO
1. Preparation			
1.1 Arrived at the venue at least 30 minutes prior to the start of the meet.			
1.2 Reported to the Referee to receive any instructions.			
1.3 Had all equipment required to complete task.			
2. Performance of Task			
2.1 Worked closely with the Clerk/s of Course to ensure that all swimmers were ready for each event.			
2.2 Passed on any instructions/requirements from the Referee to all swimmers.			
2.3 Ensured that all swimmers were present as per the event race sheets.			
2.4 Ensured that all swimmers are properly attired, wearing only approved swimwear, and that all swimwear and pool deck equipment meets the requirements of State / SAL Advertising Rules			
2.5 As required, moved the swimmers from the marshalling area to the pool deck, and ensured that all swimmers were standing behind their assigned starting blocks.			
2.6 Indicated clearly to the Referee that all swimmers in that race were in attendance.			
2.7 Did not initiate conversation or engage swimmers in unnecessary conversation, banter or request autographs.			
2.8 Maintained an even disposition at all times.			
2.9 Treated all swimmers equally and fairly.			
2.10 Focused entirely and exclusively on the task assigned without engaging in any distracting activities.			
3. Decision Making			
3.1 All issues regarding possible breaches of the rules were reported immediately to the Referee.			
4. Infraction Reports			
4.1 Verbal reports were given to the Referee prior to the completion of the relevant race.			
5. General Competencies			
5.1 Was dressed appropriately for the task.			
5.2 Was courteous to all swimmers, coaches, parents and other officials at all times.			
5.3 Maintains a level of concentration, physical fitness and capability to perform the task.			
5.4 Possesses State-specific accreditation in relation to child protection legislation.			

Name of Candidate: _____

National Technical Official Accreditation Number: _____

State-Specific Working With Children Card No _____

State-Specific Working With Children Card Expiry Date: _____

Date of Assessment: _____

Name of Assessor: _____

ASSESSMENT DECISION:

Competent

Not Yet Competent

Assessor Signature: _____

Candidate Signature: _____

FUTURE TRAINING / ASSESSMENT RECOMMENDATIONS: