



Surf Official Level 1 Independent Assessment Report

Introduction:

This independent assessment report has been designed to provide you with an opportunity to validate and demonstrate that you have and can apply the knowledge and skills to become an accredited Level 1 Surf Official.

Candidate Name: _____ Club: _____

Membership number: _____

Candidate instructions:

You will be assessed against set assessment criteria. These;

- Must be performed and demonstrated in the required roles at a **minimum of 2 surf sport events**.
- Assessments must be conducted by a current **approved Level 1 Assessor**.
- Must be demonstrated for a **minimum of 2 or more** of the Level 1 Surf Official roles.
- Your assessment report must be completed **within 2 seasons** of attending the course.
- For your own records please keep a copy of the Independent Assessment document. The completed form must be submitted to your SLSNZ Region.

Assessor instructions:

Assessors Name	Phone	Email

On the following candidate assessment:

- Please indicate if you were able to directly observe the participant **competently** meeting the following assessment criteria in the component you are assessing, using the assessment checklist instructions.
- Please liaise with other assessors who could be involved in this process.
- Each page of the document has a space for any comments you may wish to make.
- **IMPORTANT NOTE:** By following this process and marking an individual as competent, you are acknowledging **your responsibility to follow the process and to adhere to the guidelines. You are also attesting to the competence and capability (against assessment standards) of the official you are assessing. You are also acknowledging you have observed the learner demonstrating all the required steps from the assessment checklists provided in this document.**



Candidate Assessment for Surf Official Level 1:

Assessment Criteria 1: Demonstrate a minimum of 2 or more surf official L1 roles below at selected sport events.

1.1 The candidate demonstrated the following roles consistently with best practice as identified in the Surf Officials Handbook:

1.2 The candidate completed observations, recording and reporting of the races (when necessary) while in the following roles:

1.3 The candidate completed key tasks of each official's role according to best practice while in the following roles:

(Tick the roles, you consider this candidate to be COMPETENT at meeting the 1.1, 1.2 and 1.3 assessment criteria. Add the date they reached competency. If not yet competent, leave blank (for future assessment opportunities) and write a comment for the next assessor).

Level 1 Roles	1.1 (✓)	1.2 (✓)	1.3 (✓)	Event:	Assessor	Comments	Date
Marshall							
Recorder							
Course Judge							
Finish Judge							
Video Judge							
Starter							

Assessment Criteria 2: Demonstrate knowledge of the rules of surf lifesaving surf sports.

(Tick the C column for the criteria you consider this candidate to be COMPETENT at meeting the 2.1, 2.2 and 2.3 assessment criteria for the role assessed above. Add the date they reached competency. If not yet competent, leave blank (for future assessment opportunities) and write a comment for the next assessor).

Level 1 Roles	C (✓)	Event:	Assessor	Comments	Date
2.1 Knowledge of event rules are applied in accordance to the rules in the SLSNZ Surf Sports Competition Manual					
2.2 Demonstrate effective observing, recording and reporting to the assessor at the selected event					



2.3 Where appropriate to the role, the specific forms, paperwork or technology are correctly completed (i.e. Live Heats, relevant operational event technology)

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Additional questions:

Your independent assessor may require more evidence for the above practical assessment, so may ask verbal questions to gauge a candidate’s appropriate level of understanding. *The Assessor is to note down the questions that were asked, record the answer and indicate that the answer was sufficiently answered.*

Agreement:

Assessors Additional Comments (*This can include feedback, strengths, further development required, advice and/or next steps.*)

Assessor’s signature: _____ Date: _____

- 1 I, the Level 1 candidate agree with the assessment/s conducted
 - 2 I do not agree with some part/s of the assessment; I have made comments to this effect below.
- Cross out 1 or 2 above and sign your name*

Candidate’s signature: _____ Date: _____

Candidates Comments:

Candidate/Assessor: Please forward the completed Assessment form to your local SLSNZ Regional Sports Manager.