## Official Practical Assessment Checklist - Level 1

## Please return this form, along with a signed Official’s Code of Ethics Individual Agreement Form to: coaching@rowingaustralia.com.au or Rowing Australia: Coach Education, PO Box 7147, Yarralumla ACT 2600 or fax 02 6281 3910

Name of Trainee Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NROAS # \_\_\_\_\_\_\_\_\_\_\_\_\_

(must be currently accredited NROAS L1 or higher rowing official)

I have supervised the above trainee official for 5 hours of practical officiating.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mentor’s signature) (Date)

Assessor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOAS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(must be a Rowing Australia qualified assessor and hold a NROAS L1 or higher rowing official accreditation)

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency** | **Competent** | **Not Yet Competent** | **Comments** |
| Proper organisation of duties including sourcing equipment |  |  |  |
| Utilise risk management and safety strategies when conducting a regatta |  |  |  |
| Implementing correct communication strategies including commands and radio protocols |  |  |  |
| Control and implement traffic rules, local etiquette and guidelines |  |  |  |
| Maintain proper records of duties as required |  |  |  |
| Implement skills required to effectively act in the specific regatta duties: |  | | |
| 1. Judging |  |  |  |
| 1. Marshalling |  |  |  |
| 1. Control Commission |  |  |  |
| 1. Umpiring |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s signature) (Date)