

ASSESSMENT TOOL – UNIT 6 CLERK OF COURSE

Element / Performance Criteria Clerk of Course	Displayed Competency		Comments Must be completed if Competency has been marked NO
	YES	NO	
1. Preparation			
1.1 Arrived at venue at least 30 minutes prior to the start of event and reported to the Referee.			
1.2 Ensured that all equipment required for the role was available (e.g. pen, highlighters, withdrawal forms, race sheets)			
1.3 Checked with the Referee to ascertain any requirements in relation to amalgamating or re-seeding events.			
2. Performance of Task			
2.1 Marked off as present only those swimmers who personally reported to the marshaling area.			
2.2 All race sheets were marked clearly to indicate the swimmer was in attendance.			
2.3 In a controlled manner, read the first and last names of the swimmers in a voice that could be clearly heard by the swimmers.			
2.4 Passed on any instructions/requirements from the Referees to all the swimmers.			
2.5 Did not leave the marshaling area to find swimmers who were not in attendance.			
2.6 Amalgamated or re-seeded events in accordance with the instructions of the Referee, the rules of swimming and the requirements of the meet.			
2.7 When amalgamating, all race sheets were marked clearly and legibly with both first and last names of the swimmers.			
2.8 When amalgamating, all race sheets were with the Control Room Supervisor / Chief Recorder prior to the commencement of the race.			
2.9 Ensured that only swimmers and appropriate officials entered the marshaling area.			
2.10 Did not initiate conversation or engage swimmers in unnecessary conversation or banter or request autographs.			
2.11 Maintained an even disposition at all times.			
3. General			
3.1 Was dressed appropriately for the task.			
3.2 Treated all swimmers equally and fairly.			
3.3 Focused entirely and exclusively on the task assigned without engaging in any distracting activities.			
3.4 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: