

**Instructions for the Third-Party  
(Supervisor) completing this  
Statement of Service.**

*As the Third-Party, you must have supervised the teacher undertaking daily work activities.*

The purpose of this 'Statement of Service from School' is to provide verification of the knowledge and skills that the teacher has demonstrated for the purposes of confirming equivalence to the 'First Aid' units of competency they will be delivering and assessing. It is important that the person providing verification is experienced and knowledgeable in the areas being reviewed.

This document allows an opportunity for a third-party, preferably the direct supervisor/line manager of the teacher, to provide feedback to Binnacle Training on the level of knowledge and skills that the teacher has demonstrated, through their daily work or volunteer activities in an industry setting, in relation to the specified units of competency.

This report is a truthful declaration based on your observations and interactions with the teacher and you should only comment where possible. Comments on their knowledge and skills in relation to each item listed in this document should include specific working examples.

By signing this report, you are verifying that this person can perform all tasks described in this report and possesses the relevant knowledge and skills. Please ensure that you sign and date in the space provided at the end of this document and be aware that Binnacle Training may contact you for further clarification, if needed.

**THIRD-PARTY (SUPERVISOR) DETAILS**

|   |  |              |  |
|---|--|--------------|--|
| <b>Name</b>   |  |              |  |
| <b>School</b>   |  |              |  |
| <b>Your Position</b>  | HOD – HPE<br>Deputy Principal<br>Principal |              |  |
| <b>Email</b>  |  | <b>Phone</b> |  |
| <b>Relationship to Teacher</b><br><i>(i.e. supervisor, line manager, colleague)</i> |  |              |  |

**TEACHER DETAILS**

|                                     |   |              |  |
|-------------------------------------|---|--------------|--|
| <b>Teacher Name</b>                 |   |              |  |
| <b>Email</b>                        |   | <b>Phone</b> |  |
| <b>Instructions for the teacher</b> | The purpose of this 'Statement of Service from School' is to provide verification that you hold the knowledge and skills that are equivalent to the units of competency being delivered and assessed on behalf of Binnacle Training. This will supplement other evidence that you provide towards equivalence and will be evaluated by Binnacle Training staff to determine if sufficient evidence has been provided.<br><br>When selecting a third-party to complete this report, please ensure that you select a person who has <i>supervised you undertaking daily work activities</i> . |              |  |



|  |  |
|--|--|
| <b>Units of competency related to vocational equivalence</b> | <b>First Aid Officer</b> <ul style="list-style-type: none"><li>HLTAID011 Provide first aid<ul style="list-style-type: none"><li>Supersedes HLTAID003 Provide first aid</li></ul></li><li>HLTAID010 Provide basic emergency life support<ul style="list-style-type: none"><li>Supersedes HLTAID002 Provide basic emergency life support</li></ul></li><li>HLTAID009 Provide cardiopulmonary resuscitation<ul style="list-style-type: none"><li>Supersedes HLTAID001 Provide cardiopulmonary resuscitation</li></ul></li></ul> |
|--|--|

**TEACHER DETAILS - PERIOD OF EMPLOYMENT**

|   |  |  |                 |  |
|---|--|--|-----------------|--|
| <b>School (current)</b>   | <b>School Name</b>   |  |                 |  |
|   | <b>Start Date</b>  |  | <b>End Date</b> |  |
| <b>Previous School/<br/>Organisation</b><br><i>(if current school employment is &lt; 2 years)</i> | <b>School Name</b>   |  |                 |  |
|   | <b>Start Date</b>  |  | <b>End Date</b> |  |
| <b>Positions/Roles</b><br><i>(Please specify non-teaching roles only)</i>                         | <b>Please tick all that apply:</b><br><br>First Aid Trainer<br><br>First Aid Officer<br><br>Sports First Aid Officer<br><br>Other (specify): |  |                 |  |
| <b>Summary of Roles</b>   | <b>Based on the roles selected above, please specify programs and services delivered, key areas of responsibility, etc.</b>                  |  |                 |  |

**Select how often the participant (Teacher) has demonstrated the following skill sets:**

|   |  |
|---|--|
| <b>Respond to an emergency situation.</b> <ul style="list-style-type: none"><li>Recognises and assesses an emergency situation.</li><li>Ensures safety for self, bystanders and casualty.</li><li>Assesses the casualty and recognises the need for first aid response.</li></ul>   |  |
| <b>Apply appropriate first aid procedures.</b> <ul style="list-style-type: none"><li>Provides first aid in accordance with established first aid principles.</li><li>Uses PPE and first aid equipment according to manufacturer guidelines.</li><li>Obtains consent, displays respectful behaviour and makes the casualty as comfortable as possible.</li><li>Monitors the casualty's condition and responds in accordance with first aid principles.</li></ul> |  |



**Reviews and communicates details of the incident.**

- Accurately conveys incident details.
- Completes incident report forms.
- Maintains privacy and confidentiality of information.
- Contributes to a review of the first aid response.

**WORKING EXAMPLES (TO SUPPORT STATEMENTS ABOVE):**

**Outline three first aid situations the Teacher has responded to within the last two years (e.g. minor wound cleaning and dressing, nosebleed, soft tissue injury):**

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |

**For one of the examples listed, describe how the incident report was communicated and reviewed.**

**Please add general comments regarding this person's experience as a First Aid Officer:**

**Please confirm that the information in this report is true and correct and is based on this teacher's work and ability. By signing, you are verifying that all comments relate to the teacher listed below and that they are able to perform all tasks to an industry standard within realistic timeframes. You are willing to be contacted if further verification of this evidence is required.**

|   |  |                          |  |
|---|--|--------------------------|--|
| <b>Third Party (Supervisor) Name</b>      |  | <b>Teacher Name</b>      |  |
| <b>Third Party (Supervisor) Signature</b> |  | <b>Teacher Signature</b> |  |
| <b>Date</b>                               |  | <b>Date</b>              |  |