

# OPERATIONAL OFFICIAL PRACTICAL ASSESSMENT FORM

Name of OFFICIAL being assessed: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Venue: \_\_\_\_\_ Permit # \_\_\_\_\_

OFFICIAL ROLE being assessed: \_\_\_\_\_

(This form to be used for all Operational roles eligible for accreditation as listed under item 2.10 of the MA Officials Powers and Authorities document)

CURRENT LEVEL:                    **L1**   **L2**   **L3**   **L4**                    (Please Circle One)

THIS ASSESSEMENT IS FOR:   **UPGRADE**   **OR**   **RENEWAL**   (Please Circle One)

<u>PERFORMANCE CRITERIA</u>	Competent? (tick box)	YES	NO
		↓	↓
<b>1. Organisational Skill</b>			
<i>Did the official being assessed-</i>			
a. - Complete all pre-event administration and organisational tasks? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. - Ensure they had sufficient and suitable personnel to assist in completing their role? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. - Ensure that all equipment required for their task was available and serviceable? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. - Complete and submit all reporting and/or administration tasks relevant to their role? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. - Ensure and implement an effective plan for personal and assistants' health and welfare? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. - Communicate and implement an effective plan for the achievement of their task? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. - Conduct relevant briefings for assistants? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. - Understand the WWCC obligations for officials/volunteers under their supervision? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Management</b>			
<i>Did the official being assessed-</i>			
a. - Ensure that they and all personnel under their supervision were briefed for the task? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. - Ensure that they and all personnel under their supervision were equipped for the task? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. - Ensure that all equipment required for the task remained operational throughout the event? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. - Effectively and considerably manage their assistants and/or personnel under their supervision? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Preparation</b>			
<i>Did the official being assessed-</i>			
a. - At the beginning of the event, report to the CofC for instructions? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. - Only use apparatus authorised under the GCR's? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. - Have all relevant paperwork available? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. - Have all relevant equipment, comms systems and resources organised? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. - Source sufficient assistants or additional personnel? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. - Anticipate volunteer shortages and was ready with a back-up plan? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. - Behave proactively rather than reactively? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<u>PERFORMANCE CRITERIA</u>	Competent? (tick box)	YES	NO
		↓	↓
<b>4. Personal Skills</b>			
<b>Was the official being assessed-</b>			
a. - Competent in completing the tasks relevant to their role? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. - Punctual? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. - Able to demonstrate a comprehensive knowledge of their role and responsibilities? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. - Able to demonstrate knowledge of applicable risk management procedures? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. - Giving encouragement when required? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. - Utilising active listening skills? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. - Asking for feedback? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. - Open to ideas and suggestions from other officials and competitors throughout the event? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. - Decisive, willing to make clear decisions, even in the face of complexity or uncertainty? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. - Prepared to delegate responsibility? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. - Wearing the appropriate uniform/clothing and relevant PPE for the event? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 5. Omissions

**Did the official being assessed-**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. - Fail to carry out a task that is critical in their role? _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. - Fail to perform any duty normally associated with their role? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

#### Criteria:

- A performance assessment can be requested by any Key Official or Operational Official for the purpose of achieving an upgrade or for the renewal of their official's licence and/or accreditation.
- This document should be completed by a Senior Official (usually the appointed Steward or in the case of an Operational Official, the CoFC) at a permitted Competition meeting. The person responsible for completing the assessment (the Assessor) should advise the person being assessed (the participant) that they are performing an assessment at this meeting and should provide a copy of the assessment criteria to the participant before starting the assessment.
- The participant must be signed on and acting in the role that they are being assessed in. For the transition from level 1 to level 2 it is acceptable for the participant to be in an assisting role and should be assessed accordingly. For upgrade from levels 2 to 3 and 3 to 4 it is preferable (but not essential) that the participant is acting in the role and not acting as an Assistant or Deputy.
- If a Steward is to be assessed at a permitted meeting, the assessment may be conducted by the appointed Clerk of Course or by an independent assessor nominated by RCB.
- In all cases the purpose of the assessment is not to find and log fault with the participant but to create an environment of mentoring, education, best practice and encouragement to support and retain our volunteers.

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## ASSESSMENT

1. If the assessor has marked any question "NO",
  - a. The official being assessed must be given objective feedback on the reasons that decision was made.
  - b. The rationale for marking an answer "NO" must be provided in writing below
  - c. The official being assessed must be given assistance to develop strategies to attain competencies.
  - d. The official must be advised that they have the opportunity to be re-assessed at a later date.
  
2. If all boxes are ticked "YES", the official is deemed competent for upgrade or renewal.

## LIST REASONS FOR RECORDING A "NO" ANSWER (add extra pages if required)

Example: *1c, the official forgot some of the essential equipment needed for the task.*

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As **THE ASSESSOR WRITING THIS REPORT**, I consider that I have provided a fair, objective, and impartial assessment of the named official.  I AGREE  I DISAGREE (Tick one box)

ASSESSOR: ..... MA LIC. #.....

ASSESSOR'S SIGNATURE: ..... DATE.....

As **THE OFFICIAL BEING ASSESSED** I believe that I have been given a fair, objective, and impartial assessment.  I AGREE  I DISAGREE (Tick one box)

OFFICIAL: ..... MA LIC. #.....

OFFICIAL'S SIGNATURE: ..... DATE.....