***AEC Approved Document\_015b\_Template\_Animal Training Competency Assessment Form\_V1.0***

**Please read these instructions before completing this form.**

* The following template is a guide only and should be adjusted to include procedure- specific assessment criteria.
* The trainer/assessor completing this form must be an authorised trainer listed on an approved Training and Assessment Plan.
* Investigators must include records of competency in animal ethics protocol applications under which the procedure will be performed.

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| --- | --- |
| **Observation and Assessment of:** | |
| **Name of Candidate** |  |
| **Uni ID** |  |
| **School/Division** |  |
| **Supervisor** |  |
| **Date Assessed** |  |

|  |  |  |
| --- | --- | --- |
| **Set up and Preparation** | | **Trainer:** |
| *During the assessment did the candidate*  *(add procedure-specific criteria)* | Y/N | **Comments** |
| * Identify appropriate equipment to be used |  |  |
| * Correctly set up and prepare equipment |  |
| * Identify and address any potential hazards to animals or people |  |
| * e.g. (procedure specific - injections): know the maximum volume to be injected per g (or kg) of [species] weight |  |
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| **Assessment** | | **Assessor:** |
| *During the assessment did the candidate*  *(add procedure specific criteria - each step of the procedure must be assessed. This should include the required number of successful demonstrations, knowledge of potential complications and how to manage them etc.)* | Y/N | **Comments** |
| * e.g. Follow WHS procedures at all times |  |  |
| * e.g. Effectively and humanely restrain [species] during the procedure |  |
| * e.g. Insert needle correctly into [position] with no more than [x number] attempts |  |
| * e.g. Successfully demonstrate [procedure] on [x number] of occasions |  |
| * e.g. Identify potential complications and demonstrate an understanding of what action to take |  |
| * e.g. Demonstrate an understanding of the requirements for recording the details of the procedure |  |
| * e.g. Monitor [species] appropriately during and after procedure |  |
|  |  |
|  |  |
| **Candidate deemed competent in the technique of [*procedure name*] Yes  No** | | |
| **Feedback to candidate:** | | |
| **Candidate Declaration**: I have been provided with feedback on the evidence submitted. I agree with the assessment result and the reasons for the decision. | | |
| Signed by the candidate: | | Date: |
| Signed by the assessor: | | Date: |