Form AC/MT1 – ACM/MTS trainer training record

#### Details

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| --- | --- | --- | --- |
| Candidate name: |  | ARN: |  |
| Trainer name: |  | Date of completion: |  |

##### **Principles and methods of instruction**

| Item | Comments | Complete Yes / No |
| --- | --- | --- |
| Effective communication techniques |  |  |
| Training session planning |  |  |
| Evaluating progress |  |  |
| Assessment methods |  |  |
| Training records management |  |  |

##### **Practical component and delivery of training**

| Item | Comments | Complete Yes / No |
| --- | --- | --- |
| Knowledge of training syllabi |  |  |
| Planning of sessions |  |  |
| Briefing and preparation |  |  |
| Threat and error management |  |  |
| Demonstration, direction, assistance, observe cycle |  |  |
| Assessment methods |  |  |
| Debriefing |  |  |

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| --- | --- | --- | --- |
| **Trainer signature:** |  | **Date:** |  |
| **HOTC signature:** |  | **Date:** |  |