

Application/Worksheet for Health and Safety Services Instructor Trainers

Part I: Applicant Information

(To be completed by the instructor trainer candidate (ITC))

A. Name _____ Application Date: _____
Print First Name, Middle Initial and Last Name

I am applying to become an instructor
 trainer (IT) for the following course: _____

Red Cross Chapter/Station
 Affiliation: _____

Applicant's Home Address: _____
Street Address

City, State, Zip Code

Home Phone: _____ Work Phone: _____

E-mail Address: _____

B. Employer _____

Position: _____ How Long? _____

Employer's Address: _____
Street Address

City, State, Zip Code

C. Education:

| Highest Level Attained | Diploma/Degree | Year |
|------------------------|----------------|------|
| | | |
| | | |
| | | |

D. Experience related to teaching instructor level courses:

| Name of Organization(s) | Nature and Dates of Experience |
|-------------------------|--------------------------------|
| | |
| | |
| | |

E. Current Red Cross Instructor Authorizations

| Course | Original Date of Training | Current Chapter/Station of Authorization | Expiration Date |
|--------|---------------------------|--|-----------------|
| | | | |
| | | | |
| | | | |

F. Workshops, seminars, conferences, etc. attended within the last two years that are pertinent to training or the content of my specialty area:

| Type of Continuing Education | Location | Date |
|------------------------------|----------|------|
| | | |
| | | |
| | | |

G. Reason(s) for wanting to become an IT:

H. Candidate's Statement: I have discusses the role of an IT with the Health and Safety Services Instructional System (HSSIS) Supervisory Committee or Health and Safety Services Administrator of this Red Cross chapter or station, reviewed the functions of an IT, and understand the expectations. I agree to prepare myself as expected for this role and understand that my chapter or station will support completion of the IT training process and support me in my function as an IT once I have completed the training. In return for the training that I receive from the American Red Cross, I agree to work with the Red Cross chapter or station in planning, conducting, and evaluating instructor level course and fulfilling the functions of an IT.

Signature of Candidate

Date

I. Health Statement: I understand that this training requires a great deal of effort and preparation, as well as the physical demonstration of selected skills. My signature indicates that to my knowledge, I have no physical condition that will interfere with my participation nor do I require any special accommodations, except as noted below:

Exceptions:

Signature of Candidate

Date

Part II ITC Interview

(To be completed by the Red Cross Health and Safety Services Administrator and/or Supervisory Committee.)

A. Personal Interview

S = Satisfactory U = Unsatisfactory

| | S | U | | S | U |
|---------------------------------------|---|---|-------------------------------------|---|---|
| 1. Personal appearance | | | 7. Understands IT training process | | |
| 2. Enthusiasm evidenced | | | 8. Meets IT specialty prerequisites | | |
| 3. Willingness to make commitment | | | a. knowledge | | |
| 4. Represents Red Cross well | | | b. skills | | |
| 5. Exhibits potential to become an IT | | | c. other | | |
| 6. Understands IT functions | | | | | |

Comments _____

Teaching Availability _____

What does the ITC expect from the Red Cross?

Discuss with the ITC other opportunities within the Red Cross chapter or station that he or she may wish to pursue. What opportunities had the ITC expressed in pursuing?

Signature of Interviewer

Position of Interviewer

Date

B. Red Cross Chapter/Station Statement:

_____ Of the American Red Cross had a need for an IT and
recommends and _____ As an instructor trainer in:

By endorsing this ITC this Red Cross chapter/station agrees to support this candidate by:

- Ensuring tuition payment for any needed training.
- Ensuring that prerequisites have been met according to current administrative guidelines.
- Supporting the completion of the candidate's training and practicum by working with the candidate and Supervisory Committee to schedule courses when needed.

Signature of Chapter or Station H&SS Administrator or Manager

Date

Part III. Verification of ITC's Teaching Skills

(To be completed by the assigned H&SS Administrator or Training Cadre)

A. Teaching Skills

S = Satisfactory,
generally meets
expectations for this
activity.

U = Unsatisfactory,
does not meet
expectations for this
activity.

NO = Not Observed

NA = Not Applicable

| | S | U | NO | NA | | S | U | NO | NA |
|---|---|---|----|----|---|---|---|----|----|
| 1. Presents accurate information. | | | | | 10. Defines learning objectives for the class | | | | |
| 2. Answers technical questions according to Red Cross Guidelines. | | | | | 11. Listens actively; recognized individual needs | | | | |
| 3. Demonstrated skills correctly | | | | | 12. Is identified as a Red Cross instructor | | | | |
| 4. Uses appropriate teaching methods | | | | | 13. Completes proper climate-setting | | | | |
| 5. Distributes appropriate handouts | | | | | 14. Encourages students to ask questions | | | | |
| 6. Collects and prepares necessary equipment | | | | | 15. Exhibits flexibility and adaptability | | | | |
| 7. Uses visual aids properly | | | | | 16. Exhibits enthusiasm | | | | |
| 8. Conducts student and course evaluations | | | | | Maintains safety | | | | |
| 9. Speaks clearly and distinctly | | | | | | | | | |

Comments: _____

Signature(s)

Position

Date

Part IV. Supervisory Committee's Recommendation:

(To be completed by the Supervisory Committee)

A. Recommendation for IT Training

The candidate is is not recommended for training (check one):

Reasons: _____

| | | |
|--|----------|------|
| Signature of Supervisory Committee Member (s) | Position | Date |
|--|----------|------|

B. Recommended Training Track:

(To be completed by the Supervisory Committee and/or Training Cadre)

- The candidate is recommended for the IT candidate course.
- The candidate is recommended for the IT candidate mentor/apprenticeship

C. Practicum Recommendations:

(To be completed by the Supervisory Committee and/or Training Cadre)

It is the initial recommendation that the candidate perform the following to be complete the practicum:

- Observe _____ Instructor level courses.
- Conduct _____ Teach-back(s)
- Teach _____ Instructor level course(s) under observation.

| |
|---|
| Note: There is no minimum number and depends on ITC's background and experience. |
|---|

| | | |
|--|----------|------|
| Signature of Supervisory Committee Member (s) | Position | Date |
|--|----------|------|

Part V. Training Cadre Endorsement

(To be completed by Training Cadre)

A. Track Completed:

Track I

Location of course

Completion Date

Track II

Mentor/Apprenticeship

Completion Date

B: Training Cadre Comments:

Demonstrated Red Cross Representative and Role Model Qualities:

Applied Steps of Planning, Coordinating, and Evaluating ICT and Instructor Specialty Courses

Assessed Instructor Candidate for Certification:

Maintained Complete and Accurate Records and Reports

Determined Self-development Plan:

Served as a Technical Resource to the Red Cross Unit:

Other:

C. Completed tasks on checklist of required competencies on: _____
Date

D. Practicum Step I Completed on: _____
Date

E. Practicum Step II:

Observed _____ Instructor level courses

Conducted _____ Teach-backs

Taught _____ Instructor level courses under observation

Practicum Step II Completed on: _____
Date

Signature of Training Cadre

Date

Part VI. Recommendation for Authorization

(To be completed by the Supervisory Committee)

The Supervisory Committee has reviewed Parts I-V of this worksheet and the candidate is:
(check one)

- Recommended to be authorized as an instructor trainer.
- Not recommended to be authorized as an instructor trainer. If this block is checked, state reasons and any remediation that may be needed.

Comments: _____

Signature of Supervisory Committee Member(s)

Date

Part VIII. Authorization of Instructor Trainer Candidate

(To be completed by H&SS Administrator)

I certify that _____
Name of IT

has successfully completed all requirements in the training process for ITC and confirm that a Health and Safety Services *Instructor Trainer Certificate* (Cert. 3006) for

_____ was issued on _____
Course Date

| | | |
|--|----------|------|
| Signature of Chapter/Station H&SS Administrator | Position | Date |
|--|----------|------|

Part VIII. Retraining/Update Training

(To be completed by the H&SS Administrator, national faculty or Training Cadre)

A. Endorsement of Retraining/Update Training

I certify that _____
Name of IT

Has successfully completed all requirements in the **retraining** **update** training process for Its and recommend that a Health and Safety Services Instructor Trainer Authorization (Cert. 3006) for

Course

B. Chapter/Station Authorization

I certify that _____
Name of IT

has successfully completed all requirements of the retraining/update training process for ITC and confirm that a Health and Safety Services *Instructor Trainer Certificate* (Cert. 3006) for

_____ was issued on _____
Course Date

| | | |
|--|----------|------|
| Signature of Chapter/Station H&SS Administrator | Position | Date |
|--|----------|------|