

# WA51212CPP005A

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|---|------------------|
| <b>Title</b>  | <b>Unit</b>      |
| <b>Undertake Counter Surveillance and Anti Surveillance</b> | <b>Core Unit</b> |

## What this unit covers.

This unit deals with the philosophy and methodology of counter surveillance and anti surveillance during security operations.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

### Performance Criteria 1

#### *Identify and apply principles and methods of counter surveillance*

- 1.1 Principles and methods of counter surveillance are identified and understood
- 1.1 Methods to confirm surveillance when on foot are identified and applied.
- 1.2 Methods to confirm surveillance when driving are identified and applied
- 1.3 Methods of counter surveillance are applied to on foot and vehicular CPP activities.

### Duties performed by the Student meet the required performance criteria

#### Attached is the following evidence.

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#### Comments.

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### Assessors Evidence

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|--------------------------|--|--|------------------------------------|
|                          |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

### I have successfully completed this unit of competence!

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|----------------------------|--|-------------------|---|

|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

### Performance Criteria 2

#### *Identify and apply principles and methods of anti surveillance*

- Principles and methods of anti surveillance are identified and understood
- Methods to confirm anti surveillance when on foot are identified and applied.
- Methods to confirm anti surveillance when driving are identified and applied
- Methods of anti surveillance are applied to on foot and driving CPP activities.

### Duties performed by the Student meet the required performance criteria

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-----------------------|--|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Student Signature          |  | Supervisors Signature |  |
| Date                       |  | Date                  |  |

|                              |  |                          |  |
|------------------------------|--|--------------------------|--|
| <b>Assessor Verification</b> |  |                          |  |
| Assessor Signature           |  | Print Full Name          |  |
| Date                         |  | The Student is Competent |  |

Not yet competent  The Student will require re-assessment

|                              |  |                          |  |
|------------------------------|--|--------------------------|--|
| <b>Assessor Verification</b> |  |                          |  |
| Assessor Signature           |  | Print Full Name          |  |
| Date                         |  | The Student is Competent |  |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO05A For and on behalf of Tactical Conflict Solutions

# WA51212CPP008A

|   |                      |
|---|----------------------|
| <b>Title</b>  | <b>Unit</b>          |
| <b>Undertake Room Entries and Clearance Tactics</b> | <b>Elective Unit</b> |

## What this unit covers.

This unit deals with the tactical entry into a room and rendering it safe through the elimination or removal of a threat by use of appropriate Force Options available in order to protect the life of the PAR. You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

## Performance Criteria 1

### *Undertake preparation for room entry and clearance tactics*

- Room entry movements, clearance tactics and team configurations are identified and understood
- Team member roles are identified according to SOPs
- Communication techniques are identified and understood
- Personal and team equipment is prepared prior to CPP operation and made ready according to plans.

## Duties performed by the Student meet the required performance criteria

### Attached is the following evidence.

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### Comments.

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## Assessors Evidence

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|---------------------------------|--|--|------------------------------------|
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
|                                 |  | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

## I have successfully completed this unit of competence!

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

## Assessor Verification

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|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

## Performance Criteria 2

- All movements to covered approaches are carried out safely and securely.
- All entries in appropriate team configurations are effected in accordance with specified operating procedures
- Movement in allotted groupings to clear room is conducted tactically.
- Room is entered on command.
- Communication is maintained within the group.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |  |                       |  |
|-------------------|--|-----------------------|--|
| Student Signature |  | Supervisors Signature |  |
| Date              |  | Date                  |  |

**Performance Criteria 3 *Maintain safety & security at a critical threat incident***

Situation is accurately assessed in terms of self, team, PAR and community safety.  
Operational risk management procedures are implemented in accordance with enterprise policy, SOPs and legislative and regulatory requirements.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |  |                       |  |
|-------------------|--|-----------------------|--|
| Student Signature |  | Supervisors Signature |  |
| Date              |  | Date                  |  |

**Assessor Verification**

|                    |  |                          |  |
|--------------------|--|--------------------------|--|
| Assessor Signature |  | Print Full Name          |  |
| Date               |  | The Student is Competent |  |

**Not yet competent  The Student will require re-assessment**

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO08A For and on behalf of Tactical Conflict Solutions.

# WA51212CPP001A

| Title   |  | Unit   |   |
|---|--|--|---|
| Work Effectively in the CPP Industry  |  | Core Unit  |   |
| <b>What this unit covers.</b>   |  |  |   |
| <p>This competency standard covers the skills and knowledge required to work effectively in the close personal protection industry. It requires the ability to comply with legal and procedural requirements, complete daily work activities, and identify opportunities for professional development. It requires a knowledge of methods for improving a professional knowledge base and maintaining a professional approach in carrying out close personal protection activities. This work would be carried out under limited supervision.</p> <p>You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this.</p> |  |  |   |
| <b>Performance Criteria 1</b>   |  | <i>Interpret and apply CPP principles and standards to the role of a CPP officer</i> |   |
| <p>1.1 The four main factors of CPP are interpreted and applied to the CPP officer's role:</p> <ul style="list-style-type: none"> <li>• Full co-operation and consent of PAR</li> <li>• Accurate Threat assessment</li> <li>• Determine the CPP response</li> <li>• Training, equipment and human resources.</li> </ul> <p>1.2 Risk related to the implementation of the CPP officer's role is understood and appropriate counter strategies identified and applied</p> <p>1.3 Threat in the implementation of a CPP officer's role is Identified, analysed and managed.</p>  |  |  |   |
| <b>Duties performed by the Student meet the required performance criteria</b>   |  |  |   |
| <b>Attached is the following evidence.</b>  |  |  |   |
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| <b>Comments.</b>  |  |  |   |
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| <b>Assessors Evidence</b>   |  | Demonstration <input type="checkbox"/>   | Questions <input type="checkbox"/>                          |
| <b>Self Assessment Complete</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>   | Feedback <input type="checkbox"/>                           |
| <b>Student is Competent</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/>                                     | Other <input type="checkbox"/>                              |
| <b>I have successfully completed this unit of competence!</b>   |  |  |   |
| <b>I can competently do this.</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b>   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| <b>Student Signature</b>  |  | <b>Supervisors Signature</b>   |   |
| <b>Date</b>   |  | <b>Date</b>  |   |
| <b>Assessor Verification</b>  |  |  |   |
| <b>Assessor Signature</b>   |  | <b>Print Full Name</b>   |   |
| <b>Date</b>   |  | <b>The Student is Competent</b>  |   |
| <b>Not yet competent <input type="checkbox"/> The Student will require re-assessment</b>  |  |  |   |

**Performance Criteria 2**

*Maintain high standards of performance*

- 2.1 CPP tasks and work objectives are planned and implemented in accordance with client and organisational requirements.
- 2.2 Trust and confident of clients and colleagues is gained and maintained through demonstration of high standards of CPP practices
- 2.3 Own work performance and/or ethics demonstrates a commitment to comply with CPP principles and applicable legislative and organisational requirements
- 2.4 Own understanding of procedural requirements is confirmed with appropriate person(s) to ensure consistency of interpretation and application.
- 2.5 The safety and security of the PAR is maximised in accordance with CPP policies, procedures and standards

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

**Comments.**

**Assessors Evidence**

|                         |                          |           |                          |
|-------------------------|--------------------------|-----------|--------------------------|
| Demonstration           | <input type="checkbox"/> | Questions | <input type="checkbox"/> |
| Documentation           | <input type="checkbox"/> | Feedback  | <input type="checkbox"/> |
| Scenario / Roll Playing | <input type="checkbox"/> | Other     | <input type="checkbox"/> |

**Self Assessment Complete** Yes  No

**Student is Competent** Yes  No

**I have successfully completed this unit of competence!**

**I can competently do this.** Yes  No  **Supervisor Agrees** Yes  No

|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3**

*Develop and maintain professional competence*

- 3.1 Feedback from clients and colleagues is used to identify and develop ways to improve competence in providing CPP services.
- 3.2 Personal knowledge and skills in providing CPP services are assessed against occupational competency standards and other relevant benchmarks to determine professional development needs and priorities.
- 3.3 Opportunities for personal development strategies to maintain currency of professional competence in providing effective CPP services are identified, planned and implemented.
- 3.4 Professional networks are participated in to identify and build relationships with relevant individuals and organisations to obtain and maintain personal knowledge.
- 3.5 Required licences and certificates are current

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

**Comments.**

|                                 |  |  |                                    |
|---------------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b>       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

|                                   |  |                          |   |
|-----------------------------------|--|--------------------------|---|
| <b>I can competently do this.</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b> | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

**Not yet competent  The Student will require re-assessment**

**Performance Criteria 4** *Manage own work role*

- 4.1 Instructions are understood, acknowledged and implemented
- 4.2 Factors affecting work requirements are identified, impact assessed and appropriate action taken to ensure work requirements are met
- 4.3 Work load is assessed and priorities set within allocated timeframes
- 4.4 Own work is monitored to ensure compliance with organisation's requirements
- 4.5 Need for additional support is communicated clearly to the appropriate person
- 4.6 Tasks are completed and results achieved with minimal supervision
- 4.7 Signs of personal stress are recognised and managed and appropriate action is taken to ensure continued work effectiveness

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|  |  |                                    |
|--|--|------------------------------------|
| <b>Assessors Evidence</b>  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete    Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent    Yes <input type="checkbox"/> No <input type="checkbox"/>     | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this.    Yes  No     Supervisor Agrees    Yes  No

|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPO01A For and on behalf of Tactical Conflict Solutions.

# WA51212CPP006A

|   |  |  |   |
|---|--|--|---|
| <b>Title</b>  |  | <b>Unit</b>  |   |
| <b>Observe Protocols Appropriately</b>  |  | <b>Core Unit</b>   |   |
| <b>What this unit covers.</b>   |  |  |   |
| <p>This unit deals with the skills and knowledge required to demonstrate etiquette in range of business and social environments.</p> <p>You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this</p>   |  |  |   |
| <b>Performance Criteria 1</b>   |  | <i>Apply appropriate protocols and etiquette required of the CPP Officer</i> |   |
| <p>Grooming and deportment appropriate to the work environment are demonstrated.</p> <p>Correct social and cultural protocols and considerations are demonstrated according to the work environment.</p> <p>Greetings are conducted appropriately according to social and cultural considerations.</p> <p>Good manners are observed in all situations.</p>  |  |  |   |
| <b>Duties performed by the Student meet the required performance criteria</b>   |  |  |   |
| <b>Attached is the following evidence.</b>  |  |  |   |
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| <b>Comments.</b>  |  |  |   |
|   |  |  |   |
| <b>Assessors Evidence</b>   |  | Demonstration <input type="checkbox"/>                                       | Questions <input type="checkbox"/>                          |
| <b>Self Assessment Complete</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>                                       | Feedback <input type="checkbox"/>                           |
| <b>Student is Competent</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/>                             | Other <input type="checkbox"/>                              |
| <b>I have successfully completed this unit of competence!</b>   |  |  |   |
| <b>I can competently do this.</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b>   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| <b>Student Signature</b>  |  | <b>Supervisors Signature</b>   |   |
| <b>Date</b>   |  | <b>Date</b>  |   |
| <b>Assessor Verification</b>  |  |  |   |
| <b>Assessor Signature</b>   |  | <b>Print Full Name</b>   |   |
| <b>Date</b>   |  | <b>The Student is Competent</b>  |   |
| Not yet competent <input type="checkbox"/> The Student will require re-assessment   |  |  |   |
| <b>Performance Criteria 2</b>   |  | <i>Apply dining and drinking etiquette guidelines</i>                        |   |
| <p>The dining venue appropriate to the work situation is organised.</p> <p>Appropriate place setting are recognised and applied.</p> <p>Appropriate table manners and demeanour are demonstrated while dining.</p> <p>Social and cultural sensitivities of client and PAR are recognised and handled appropriately.</p> <p>Wine/alcohol is served and consumed appropriately.</p> <p>Payment is conducted smoothly according to operational requirements.</p> |  |  |   |
| <b>Duties performed by the Student meet the required performance criteria</b>   |  |  |   |

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                          |  |                              |  |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** *Model high standards of personal performance, ethics and integrity in the application of CPP officer functions*

Own performance standards consistently serve as a role model for other team members and the community as a whole.  
 Personal and professional integrity are demonstrated to engender confidence and respect.  
 Commitment to the jurisdictions laws and the organisations policy, SOP's and objectives is consistently demonstrated.  
 Breaches of organisational codes of ethics and/or practices are recognised and reported in the required manner.  
 Liaison with client and PAR demonstrated flexibility, co-operation, objectivity and confidentiality in the maintenance of working relationships.  
 In ensuring the safety and security of the PAR, the integrity of the security operation is developed and maintained.  
 Demonstrate understanding of appropriate ethics and personal integrity in international business situations.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |                       |
|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

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|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 4** *Apply understanding of the role of media organisations and personnel*

Implementation of organisational SOP's appropriate to the management of media personnel is demonstrated.  
 Respect for the role performed by the media is demonstrated.  
 Integrity of the "No Comment" policy, off the record interviews and inquiries is maintained.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

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|---|--|---------------------------------|---|
| <b>I have successfully completed this unit of competence!</b>   |  |                                 |   |
| I can competently do this.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| <b>Student Signature</b>  |  | <b>Supervisors Signature</b>    |   |
| <b>Date</b>   |  | <b>Date</b>                     |   |
| <b>Assessor Verification</b>  |  |                                 |   |
| <b>Assessor Signature</b>   |  | <b>Print Full Name</b>          |   |
| <b>Date</b>   |  | <b>The Student is Competent</b> |   |
| Not yet competent <input type="checkbox"/> The Student will require re-assessment   |  |                                 |   |
| I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO06A For and on behalf of Tactical Conflict Solutions. |  |                                 |   |

0609

# WA51212CPP004A

|   |  |  |   |
|---|--|--|---|
| <b>Title</b>  |  | <b>Unit</b>  |   |
| Plan and Conduct Search for Improvised Explosive Devices  |  | Core Unit  |   |
| <b>What this unit covers.</b>   |  |  |   |
| <p>This unit deals with recognizing the mechanics, searching and security of Improvised Explosive Devices.</p> <p>You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this</p> |  |  |   |
| <b>Performance Criteria 1</b>   |  | <i>Recognise and respond effectively to improvised explosive device (IED) threat</i> |   |
| <p>1.1 Types of improvised explosive devices (IEDs), effects, and range of applications identified</p> <p>1.2 Search and dismantling techniques identified</p> <p>1.3 Methods of concealment and likely areas of discovery identified</p> <p>1.4 Operating procedures established and confirmed with relevant personnel</p>                                       |  |  |   |
| <b>Duties performed by the Student meet the required performance criteria</b>   |  |  |   |
| <b>Attached is the following evidence.</b>  |  |  |   |
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|   |  |  |   |
| <b>Comments.</b>  |  |  |   |
|   |  |  |   |
| <b>Assessors Evidence</b>   |  | Demonstration <input type="checkbox"/>   | Questions <input type="checkbox"/>                          |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>   | Feedback <input type="checkbox"/>                           |
| Student is Competent  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/>                                     | Other <input type="checkbox"/>                              |
| <b>I have successfully completed this unit of competence!</b>   |  |  |   |
| I can competently do this.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| <b>Student Signature</b>  |  | <b>Supervisors Signature</b>   |   |
| <b>Date</b>   |  | <b>Date</b>  |   |
| <b>Assessor Verification</b>  |  |  |   |
| <b>Assessor Signature</b>   |  | <b>Print Full Name</b>   |   |
| <b>Date</b>   |  | <b>The Student is Competent</b>  |   |
| Not yet competent <input type="checkbox"/> The Student will require re-assessment   |  |  |   |
| <b>Performance Criteria 2</b>   |  | <i>Conduct vehicle IED clearance.</i>  |   |
| <p>2.1 Systematic searching techniques are applied and demonstrated in accordance with SOP's.</p> <p>2.2 Response to location of an IED is applied in accordance with SOP's.</p> <p>2.3 Cause for search of illegal surveillance devices</p> <p>2.4 Response to location of a surveillance device/s is applied in accordance with SOP's.</p>                      |  |  |   |
| <b>Duties performed by the Student meet the required performance criteria</b>   |  |  |   |

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |                       |
|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** Conduct room/building IED clearance.

- Conduct room/building IED clearance.
- 3.1 Appropriate equipment is applied in the search for an IED.
  - 3.2 Systematic searching techniques are demonstrated in accordance with SOP's.
  - 3.3 Cause for search of illegal surveillance devices
  - 3.4 Response to location of an IED is applied in accordance with SOP's.
  - 3.5 Response to location of a surveillance device/s is applied in accordance with SOP's.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| <b>Student<br/>Signature</b>  |  | <b>Supervisors<br/>Signature</b>    |  |
| <b>Date</b>   |  | <b>Date</b>                         |  |
| <b>Assessor Verification</b>  |  |                                     |  |
| <b>Assessor<br/>Signature</b>   |  | <b>Print Full Name</b>              |  |
| <b>Date</b>   |  | <b>The Student is<br/>Competent</b> |  |
| <b>Not yet competent <input type="checkbox"/> The Student will require re-assessment</b>  |  |                                     |  |
| I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO04A For and on behalf of Tactical Conflict Solutions. |  |                                     |  |

0609

# WA51212CPP003A

|   |  |  |  |
|---|--|--|--|
| <b>Title</b>  |  | <b>Unit</b>  |  |
| Undertake Movement on Foot Procedures   |  | Core Unit  |  |
| <b>What this unit covers.</b>   |  |  |  |
| <p>This competency standard covers the methodology, formations and tactics required to apply effective movement on foot procedures in defensive situations. Skills and knowledge required to deal with a range of defensive situations (such as defensive vehicle management and driving procedures) are covered in other units.</p> <p>You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this</p> |  |  |  |
| <b>Performance Criteria 1</b>   |  | <i>Apply the principles of moving on foot while conducting CPP</i> |  |
| <p>1.1 Appropriate kinesics and proxemics are applied to moving on foot procedures while conducting CPP</p> <p>1.2 Observation skills and techniques are used in conjunction with movement</p> <p>1.3 Threats are defined, analysed and acted upon according to SOP's.</p> <p>1.4 Covert and overt techniques to protect safety of the PAR from a threat are demonstrated.</p>  |  |  |  |
| <b>Duties performed by the Student meet the required performance criteria</b>   |  |  |  |
| <b>Attached is the following evidence.</b>  |  |  |  |
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| <b>Comments.</b>  |  |  |  |
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| <b>Assessors Evidence</b>   |  |  |  |
| Self Assessment Complete  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>           | Demonstration <input type="checkbox"/> Questions <input type="checkbox"/><br>Documentation <input type="checkbox"/> Feedback <input type="checkbox"/><br>Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |
| Student is Competent  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |
| <b>I have successfully completed this unit of competence!</b>   |  |  |  |
| I can competently do this.  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>           | Supervisor Agrees Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>Student Signature</b>  |  | <b>Supervisors Signature</b>                                       |  |
| <b>Date</b>   |  | <b>Date</b>  |  |
| <b>Assessor Verification</b>  |  |  |  |
| <b>Assessor Signature</b>   |  | <b>Print Full Name</b>   |  |
| <b>Date</b>   |  | <b>The Student is Competent</b>                                    |  |
| Not yet competent <input type="checkbox"/> The Student will require re-assessment   |  |  |  |
| <b>Performance Criteria 2</b>   |  | <i>Conduct CPP formations and drills</i>                           |  |
| <p>2.1 Formations are demonstrated in accordance with SOP's.</p> <p>2.2 Appropriate tactical responses are demonstrated when protecting the PAR from a threat.</p> <p>2.3 Immediate Action drills are conducted in accordance with SOP's.</p>   |  |  |  |
| <b>Duties performed by the Student meet the required performance criteria</b>   |  |  |  |

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** *Conduct drills for debussing and embussing from vehicles and entry/exit procedures of buildings*

- 3.1 Points of vulnerability for entering/exiting vehicles entry/exit of buildings are identified and analysed
- 3.2 Vehicle debus/embus formations are demonstrated in accordance with SOP's
- 3.3 Correct seating allocation in vehicles is demonstrated
- 3.4 Methodology for set down location at venue is identified
- 3.5 Building entry/exit formations are demonstrated in accordance with SOP's.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|   |  |                                 |  |
|---|--|---------------------------------|--|
| <b>Student Signature</b>  |  | <b>Supervisors Signature</b>    |  |
| <b>Date</b>   |  | <b>Date</b>                     |  |
| <b>Assessor Verification</b>  |  |                                 |  |
| <b>Assessor Signature</b>   |  | <b>Print Full Name</b>          |  |
| <b>Date</b>   |  | <b>The Student is Competent</b> |  |
| <b>Not yet competent <input type="checkbox"/> The Student will require re-assessment</b>  |  |                                 |  |
| I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO03A For and on behalf of Tactical Conflict Solutions. |  |                                 |  |

0609

# WA51212CPP007A

|                                       |               |
|---------------------------------------|---------------|
| <b>Title</b>                          | <b>Unit</b>   |
| Use Advanced Tactical Weapons Systems | Elective Unit |

## What this unit covers.

This unit deals with the use of a Primary Weapon (Category D Firearm) and a Secondary Weapon (Category H Firearm) in the role of CPP duties.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

## Performance Criteria 1

*Deploy Category H Firearm*

- 1.1 Identify appropriate weapon and conduct pre-operational checks according to SOPs, organisational policy and manufacturer's instructions
- 1.2 Deploy Handgun using Tactical Dress Order
- 1.3 Deploy Handgun using covert holster.
- 1.4 Demonstrate weapons retention and efficiency in deployment

## Duties performed by the Student meet the required performance criteria

Attached is the following evidence.

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## Comments.

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## Assessors Evidence

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|---------------------------------|--|--|------------------------------------|
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
|                                 |  | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

## I have successfully completed this unit of competence!

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

## Assessor Verification

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

## Performance Criteria 2

*Deploy Category D firearm*

- 2.1 Identify appropriate weapon and check useability according to SOPs, organisational policy and manufacturer's instructions
- 2.2 Deploy Long Weapon using Tactical Sling
- 2.3 Deploy Long Weapon using covert weapons system.
- 2.4 Demonstrate weapons retention and efficiency in deployment..

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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Comments.

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| Assessors Evidence       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
|--------------------------|--|--|------------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|                   |                       |
|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** *Perform IA's and stoppage drills*

- 3.1 Perform IA drills on Primary and Secondary Weapon
- 3.2 Perform Phase 1 and Phase 2 Stoppage Drills for Primary and Secondary weapon.
- 3.3 Demonstrate safe weapons handling and muzzle awareness.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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Comments.

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| Assessors Evidence       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
|--------------------------|--|--|------------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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|------------------------------|--|---------------------------------|--|
| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

**Performance Criteria 4** *Deploy Primary Weapon & Secondary Weapon in accordance with requirements*

- 4.1 Deploy Primary Weapon and Secondary Weapon demonstrating safe weapons handling, efficiency and accuracy
- 4.2 Deploy Primary Weapon and Secondary Weapon in accordance with legislation and Enterprise requirements.
- 4.3 Deploy Primary Weapon and Secondary Weapon in accordance with manufacturers Instructions
- 4.4 Clean and store weapons according to SOPs, organisational policy and manufacturer's instructions

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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| <b>Assessors Evidence</b> | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

**I have successfully completed this unit of competence!**

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO07A For and on behalf of Tactical Conflict Solutions.



|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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|------------------------------|--|---------------------------------|--|
| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

**Not yet competent**  **The Student will require re-assessment**

**Performance Criteria 2** *Drive the Vehicle*

- 2.1 Vehicle is prepared for and safely operated in the terrain suitable for the vehicle
- 2.2 Vehicle and or trailer are operated and positioned in accordance with traffic regulations and organisational policy and procedure and to ensure safe and efficient operation.
- 2.3 Low risk driving techniques are used to minimise risk of injury to persons or damage to equipment and property and in accordance with organisations policy and procedures

**Duties performed by the Student meet the required performance criteria Attached is the following evidence.**

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**Comments.**

|                                 |  |   |
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| <b>Assessors Evidence</b>       | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

**I have successfully completed this unit of competence!**

|                                   |  |                          |   |
|-----------------------------------|--|--------------------------|---|
| <b>I can competently do this.</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b> | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

**Not yet competent**  **The Student will require re-assessment**

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit PUAVEH001B For and on behalf of Tactical Conflict Solutions.

**SRODRV001B**

SISODRV302A

| Title                           | Unit          |
|---------------------------------|---------------|
| Drive and Recover a 4WD Vehicle | Elective Unit |

**What this unit covers.**

This unit covers the skills and knowledge required to use appropriate range, gear and techniques to drive a four wheel drive vehicle through and over different terrain and apply basic vehicle recovery techniques. It relates only to the specialist skills and knowledge for four wheel drive vehicles.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

**Performance Criteria 1**

*Identify four wheel drive specific terms, terminology and techniques*

Identify the structural and handling differences between a conventional two wheel drive and a four wheel drive vehicle

Identify and demonstrate the purpose and use of front wheel hubs

Identify factors affecting tyre size, fitment, rating, and pressure

Identify correctly, recovery hooks and mounting features

Identify hazards associated with incorrect use of vehicle features or equipment

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

**Comments.****Assessors Evidence**

|                          |  |   |
|--------------------------|--|---|
|                          | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

**I have successfully completed this unit of competence!**

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

|                               |  |
|-------------------------------|--|
| <b>Performance Criteria 2</b> | <i>Plan for minimal environmental impact</i> |
|-------------------------------|--|

Determine human *impacts caused by outdoor recreation activities* on natural processes and interrelationships and the types of impact likely to occur during four wheel driving and associated activities

Assess if particular settings offer appropriate recreation opportunities by examining the nature of the activities and matching it with the *characteristics of the settings*

Identify current *management strategies* implemented by land managers for environmental asset management

Demonstrate compliance with land management principles and policies when planning the activity location/site

Comply with policies and management plans relevant to the activity area

Plan and conduct activities in a manner which minimises environmental impact

Adopt and modesitive and caring attitude towards the natural environment throughout activities

Demonstrate cooperation and consideration towards other users in settings where multiple use occurs

Identify *basic techniques* to determine the nature and degree of impact and evaluate the effectiveness of minimal impact practices

Modify impact reduction strategies, where necessary, after evaluation

|   |
|---|
| <b>Duties performed by the Student meet the required performance criteria</b> |
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Attached is the following evidence.

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| <b>Comments.</b> |
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|---------------------------|--|---|
| <b>Assessors Evidence</b> | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

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|---|--|--|--|
| <b>I have successfully completed this unit of competence!</b> |  |  |  |
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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |  |  |
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| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

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| Not yet competent <input type="checkbox"/> The Student will require re-assessment |
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| <b>Performance Criteria 3</b> | <i>Perform pre-departure checks</i> |
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Perform routine pre-departure checks under the bonnet, under the body, and on external and internal items and accessories

Take action to correct any deficiency

Determine food and water requirements for journey

Select suitable navigation equipment where necessary

Interpret weather conditions to determine suitability for activity

Apply safe vehicle loading practices

Secure items of personal luggage safely

Advise passengers of any special safety precautions to be taken when traversing rough terrain

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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**Attached is the following evidence.**

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**Comments.**

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| Assessors Evidence       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
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| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

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| <b>I have successfully completed this unit of competence!</b> |  |  |  |
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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> | <b>Supervisors Signature</b> |
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| <b>Assessor Signature</b> | <b>Print Full Name</b>          |
| <b>Date</b>               | <b>The Student is Competent</b> |

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| Not yet competent <input type="checkbox"/> The Student will require re-assessment |
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| <b>Performance Criteria 4</b> | <i>Use the features of a four wheel drive vehicle to drive in a variety of terrain types</i> |
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Operate four wheel drive vehicles correctly and safely both on and off road, in accordance with road rules, principles of four wheel driving and occupational health and safety regulations

Apply smooth accelerator control strategies over a *range of terrain types*

Demonstrate recommended braking techniques for hard top surfaces and off road conditions

Identify situations where the engagement of four wheel drive is required, correctly

Engage correctly, where relevant, front hubs or centre differential lock (constant four wheel drive vehicles)

Survey track to identify hazards, asses risk and select a best route

Select routes to minimise damage to the environment

Use appropriate range, gear, speed, driving and braking technique to negotiate a range of terraii0 types whilst maintaining control of vehicle at all times

Perform a stop stall key start recovery procedure on a moderate incline

Check, where necessary, brakes and undercarriage after negotiating varying terrain

Perform repairs to damaged tracks if necessary

Use standardised operating procedures when travelling in company with other vehicles

Maintain appropriate hand positioning on steering wheel

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

**Comments.**

**Assessors Evidence**

**Self Assessment Complete**

Yes  No

Demonstration

Questions

**Student is Competent**

Yes  No

Documentation

Feedback

Scenario / Roll Playing

Other

**I have successfully completed this unit of competence!**

**I can competently do this.**

Yes  No

**Supervisor Agrees**

Yes

No

**Student  
Signature**

**Date**

**Supervisors  
Signature**

**Date**

**Assessor Verification**

**Assessor  
Signature**

**Date**

**Print Full Name**

**The Student is  
Competent**

**Not yet competent  The Student will require re-assessment**

**Performance Criteria 5**

*Use a single snatch strap to recover a vehicle*

Identify risks associated with vehicle recovery and develop and implement strategies to minimise risks

Identify recovery hooks

Confirm use of recommended mounting strategy on the four wheel drive vehicle and use of rated recovery

equipment when practicable

Demonstrate procedures for preparing vehicles for recovery

Demonstrate techniques to minimise impact on the environment during vehicle recovery

Demonstrate techniques for joining 2 snatch straps

Coordinate safe recovery of a four wheel drive vehicle using a single snatch strap

Perform post recovery checks and repairs, correctly

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

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**Comments.**

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| Assessors Evidence       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
|--------------------------|--|--|------------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

| Assessor Verification     |  | Print Full Name | The Student is Competent |
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| <b>Assessor Signature</b> |  |                 |                          |
| <b>Date</b>               |  |                 |                          |

**Not yet competent  The Student will require re-assessment**

**Performance Criteria 6** *Perform maintenance and minor repairs on four wheel drive vehicles*

Select/access maintenance equipment correctly, including spares and fluids, prior to departure after consideration of *contextual issues*

Check vehicles regularly prior to and during trip and correctly perform *routine maintenance / repair tasks*

Make vehicle performance reports to the designated person

Demonstrate safe use of a jack to support a four wheel drive vehicle on uneven ground

**Duties performed by the Student meet the required performance criteria**

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| <b>Attached is the following evidence.</b>   |  |  |   |
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| <b>Comments.</b>   |  |  |   |
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| <b>Assessors Evidence</b>  |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/>                          |
| Self Assessment Complete   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>                           |
| Student is Competent   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>                              |
| <b>I have successfully completed this unit of competence!</b>  |  |  |   |
| I can competently do this.   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees                                | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| Student Signature  |  | Supervisors Signature                            |   |
| Date   |  | Date   |   |
| <b>Assessor Verification</b>   |  |  |   |
| Assessor Signature   |  | Print Full Name                                  |   |
| Date   |  | The Student is Competent                         |   |
| <b>Not yet competent <input type="checkbox"/> The Student will require re-assessment</b>   |  |  |   |
| <b>I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit SRODRV001B For and on behalf of Tactical Conflict Solutions.</b> |  |  |   |

SISODRV302A

# TLIC2507B

TLIC2025A

| Title               | Unit          |
|---------------------|---------------|
| Operate 4WD Vehicle | Elective Unit |

**What this unit covers.**

This unit involves the skills and knowledge required to operate a four wheel drive vehicle safely in a range of conditions. These include driving a four wheel drive vehicle on normal roads, traversing slopes, ascending and descending steep slopes and stall recovery. It also includes operation of the vehicle in rugged terrain, the use of a jack and the completion of all pre- and post-operational checks. You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

**Performance Criteria 1** *Operate four wheel drive vehicles on normal roads*

- Pre-start checks of vehicle and equipment are carried out to manufacturer's specifications and roadworthy requirements
- Tyres are checked for pressure suitable for terrain and/or changed in accordance with workplace procedures
- Loads are secured in accordance with workplace and legislative requirements
- Vehicle is driven on and off road to legislative and workplace requirements, at appropriate speeds for conditions and hazards
- Vehicle is parked and shut down in accordance with workplace and manufacturer's requirements

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

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| Assessors Evidence       |  | Demonstration                                    | Questions                         |
|--------------------------|--|--|-----------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/>          |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/> |
|                          |  | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>    |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

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| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

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| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

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| <b>Performance Criteria 2</b> | <i>Operate vehicle on, or across, a slope</i> |
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Pre-start checks of vehicle and equipment are carried out to manufacturer's specifications and roadworthy requirements

Tyres are checked for pressure suitable for terrain and/or changed to operational guidelines

Loads are secured in accordance with workplace and legislative requirements

Vehicle is driven on and off road to regulatory and workplace requirements at appropriate speeds for conditions and hazards

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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**Attached is the following evidence.**

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| <b>Assessors Evidence</b>       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

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| <b>I have successfully completed this unit of competence!</b> |  |  |  |
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| <b>I can competently do this.</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
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| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

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| <b>Not yet competent</b> <input type="checkbox"/> <b>The Student will require re-assessment</b> |
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| <b>Performance Criteria 3</b> | <i>Operate vehicle ascending a steep slope including stall recovery</i> |
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Intended vehicle path is inspected prior to negotiation of slope

Appropriate gear is selected to ascend grade, and engine revolutions maintained to ensure constant traction

Air-conditioning unit is turned off to avoid engine acceleration

Foot brake is applied as vehicle stalls, handbrake applied and ignition turned off

Clutch is depressed and reverse gear selected

Clutch is released and handbrake is slowly released

Ignition is turned on and brakes are released

Vehicle is started and allowed to reverse down the slope

Brakes are applied as necessary to control descent

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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**Attached is the following evidence.**

**Comments.**

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| <b>Assessors Evidence</b>       | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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| <b>I can competently do this.</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Student Signature</b>          |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>                       |  | <b>Date</b>                  |  |

**Assessor Verification**

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| <b>Assessor Signature</b> | <b>Print Full Name</b>          |
| <b>Date</b>               | <b>The Student is Competent</b> |

**Not yet competent  The Student will require re-assessment**

**Performance Criteria 4**      *Operate vehicle descending a steep slope including stall recovery*

- Intended vehicle path is inspected prior to negotiation of the slope
- Appropriate gear is selected to ascend grade, and engine revolutions maintained to ensure constant traction
- Air-conditioning unit is turned off to avoid engine acceleration
- Braking is used to control decent and skidding is avoided by the application of brakes to emulate ABS
- Ignition is turned off, foot brake is applied, and handbrake engaged
- Clutch is depressed and low gear is selected
- Clutch is released and handbrake is slowly released
- Ignition is turned on and brakes are released
- Vehicle is started and allowed to continue down the slope
- Brakes are applied as necessary to control descent and skids are steered into

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Student Signature          |  | Supervisors Signature |  |
| Date                       |  | Date                  |  |

**Assessor Verification**

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| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 5** *Operate vehicle in rugged terrain*

- Intended vehicle path is inspected prior to negotiation of rugged terrain
- Correct gear/range is selected to negotiate terrain
- Freewheel hubs are engaged and disengaged in accordance with driving conditions
- Vehicle controls are set in accordance with manufacturer's instructions for operation in the surrounding terrain
- Traction is maintained in accordance with requirements of the vehicle and the surrounding terrain
- Selection of appropriate gear/range before negotiating terrain is demonstrated
- Where necessary, chains are fitted to vehicle in accordance with manufacturer's instructions
- Vehicle load is inspected, positioned and secured to maximise traction for four wheel driving.
- Terrain is negotiated in accordance with requirements for specific driving conditions

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

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| Date |  | The Student is Competent |  |
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Not yet competent  The Student will require re-assessment

**Performance Criteria 6** *Operate jack*

Jack is located under vehicle in accordance with vehicle manufacturer's specifications and workplace procedures

Jack is used and operated in accordance with manufacturer's specifications and workplace procedures

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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**Assessors Evidence**

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| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Demonstration | <input type="checkbox"/> | Questions | <input type="checkbox"/> |
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| Student is Competent | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation | <input type="checkbox"/> | Feedback | <input type="checkbox"/> |
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|  |  | Scenario / Roll Playing | <input type="checkbox"/> | Other | <input type="checkbox"/> |
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**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

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**Assessor Verification**

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| Assessor Signature |  | Print Full Name |  |
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| Date |  | The Student is Competent |  |
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Not yet competent  The Student will require re-assessment

**Performance Criteria 7** *Complete operations*

Vehicle is parked and shut down to workplace and manufacturer's requirements

Faults or malfunctions are corrected and/or reported in accordance with workplace requirements

Vehicle and equipment are cleaned and stored after use in accordance with workplace requirements

Any log books or reports required by the workplace are completed in accordance with workplace procedures

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b>       | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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| <b>I can competently do this.</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Student Signature</b>          |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>                       |  | <b>Date</b>                  |  |

**Assessor Verification**

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| <b>Assessor Signature</b> | <b>Print Full Name</b>          |
| <b>Date</b>               | <b>The Student is Competent</b> |

**Not yet competent  The Student will require re-assessment**

**I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit TLIC2507B For and on behalf of Tactical Conflict Solutions.**

TLIC2025A

|  |                      |
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| <b>Title</b>                                     | <b>Unit</b>          |
| <b>Carry Out Vehicle Service and Maintenance</b> | <b>Elective Unit</b> |

**What this unit covers.**

This unit involves the skills and knowledge required to carry out basic servicing and maintenance of a commercial vehicle, including action to implement the vehicle manufacturer's specifications for routine checks and maintenance and to ensure that all specified safety requirements are met and that the vehicle is operational to the requirements of both the workplace and the relevant State/Territory roads and traffic authority.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

**Performance Criteria 1**      *Maintain and service the vehicle systems*

Fluid levels are checked and adjusted following manufacturer's specifications and workplace procedures

Air levels are checked and adjusted following manufacturer's specifications and workplace procedures

Routine checks are made of vehicle systems and appropriate action is initiated for maintenance where required in accordance with workplace procedures

Appropriate precautions and procedures are followed when servicing/maintaining a vehicle to ensure adequate protection of the environment

OHS procedures are followed when carrying out routine servicing and maintenance of a vehicle

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

**Comments.**

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| <b>Assessors Evidence</b>  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b> Yes <input type="checkbox"/> No <input type="checkbox"/>     | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this.      Yes  No       Supervisor Agrees      Yes  No

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| <b>Student Signature</b> | <b>Supervisors Signature</b> |
| <b>Date</b>              | <b>Date</b>                  |

**Assessor Verification**

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| <b>Assessor Signature</b> | <b>Print Full Name</b>          |
| <b>Date</b>               | <b>The Student is Competent</b> |

**Not yet competent  The Student will require re-assessment**

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| <b>Performance Criteria 2</b> | <i>Carry out minor repairs to a vehicle</i> |
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Vehicle components are removed, repaired or replaced and refitted to the vehicle using the correct tools and following manufacturer's instructions and workplace procedures

Tyres on vehicle are repaired or replaced following workplace procedures and manufacturer's instructions

Worn brakes are identified and action taken in accordance with workplace procedures and manufacturer's specifications

The need for more complex maintenance procedures is identified and the problem correctly referred following workplace procedures

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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| <b>Assessors Evidence</b>       |  | Demonstration           | <input type="checkbox"/> | Questions | <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation           | <input type="checkbox"/> | Feedback  | <input type="checkbox"/> |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing | <input type="checkbox"/> | Other     | <input type="checkbox"/> |

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| <b>I have successfully completed this unit of competence!</b> |  |  |  |
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| <b>I can competently do this.</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Student Signature</b>          |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>                       |  | <b>Date</b>                  |  |

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|------------------------------|--|
| <b>Assessor Verification</b> |  |
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|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

**Not yet competent  The Student will require re-assessment**

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| <b>Performance Criteria 3</b> | <i>Diagnose minor vehicle faults and undertake repairs for the safe operation of a vehicle</i> |
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Minor faults in the vehicle systems are identified, diagnosed and repaired following manufacturer's specifications and workplace procedures

Identified faults which create a safety hazard are reported and appropriate action is taken to remove the vehicle from operation pending repair

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

|                            |  |                       |  |
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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Student Signature          |  | Supervisors Signature |  |
| Date                       |  | Date                  |  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 4** Complete documentation

Records of routine servicing, maintenance and repairs are kept in accordance with workplace procedures

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

|                            |  |                       |  |
|----------------------------|--|-----------------------|--|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Student Signature          |  | Supervisors Signature |  |
| Date                       |  | Date                  |  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit TLIB307C For and on behalf of Tactical Conflict Solutions.

**TLIB407C**

TLIB2004A

| Title                               | Unit                 |
|-------------------------------------|----------------------|
| <b>Carry Out Vehicle Inspection</b> | <b>Elective Unit</b> |

**What this unit covers.**

This unit involves the skills and knowledge required to carry out an inspection of a commercial vehicle, including action to implement the vehicle manufacturer's specifications for routine checks, to clean the vehicle and to ensure that all specified safety requirements are met and that the vehicle is operational to the requirements of both the workplace and the relevant State/Territory roads and traffic authority

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

**Performance Criteria 1** *Check the vehicle*

A visual check of the internal and external condition of the vehicle is carried out following workplace procedures

Pre-operational inspections and checks of the vehicle's tyres, suspension, fluid levels and other critical features are carried out to ensure conformance with the requirements of the relevant roads and traffic authority

Associated equipment is tested to ensure it functions correctly to manufacturer's specifications

Post start-up and shut-down checks are carried out after engine is started to identify possible engine or electrical problems

Warning systems (instruments and gauges) are checked to ensure they are operational

Where relevant, vehicle monitoring device is logged on/off in accordance with manufacturer's instructions and workplace policy

**Duties performed by the Student meet the required performance criteria****Attached is the following evidence.**

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**Comments.**

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| Assessors Evidence       |  | Demonstration                                    | Questions                         |
|--------------------------|--|--|-----------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/> |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>    |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |                       |
|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

**Not yet competent**  **The Student will require re-assessment**

**Performance Criteria 2**      *Clean vehicle*

Vehicle and associated equipment is cleaned in accordance with workplace procedures and legislation

**Duties performed by the Student meet the required performance criteria**  
**Attached is the following evidence.**

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| <b>Assessors Evidence</b>       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

**I can competently do this.**      Yes  No       **Supervisor Agrees**      Yes  No

|                          |  |                              |  |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

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|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

**Not yet competent**  **The Student will require re-assessment**

**Performance Criteria 3**      *Complete documentation*

Basic faults are identified and/or diagnosed and appropriate action taken to report or remedy them as required by workplace procedures and legislation

Records of inspection are updated and recommended repairs documented in accordance with workplace policies

**Duties performed by the Student meet the required performance criteria**  
**Attached is the following evidence.**

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| <b>Assessors Evidence</b>       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

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|--|------------------------------|---------------------------------|--|
| <b>I have successfully completed this unit of competence!</b>  |                              |                                 |  |
| <b>I can competently do this.</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/>     | <b>Supervisor Agrees</b>                                 |
|  |                              |                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Student Signature</b>   |                              | <b>Supervisors Signature</b>    |  |
| <b>Date</b>  |                              | <b>Date</b>                     |  |
| <b>Assessor Verification</b>   |                              |                                 |  |
| <b>Assessor Signature</b>  |                              | <b>Print Full Name</b>          |  |
| <b>Date</b>  |                              | <b>The Student is Competent</b> |  |
| <b>Not yet competent <input type="checkbox"/> The Student will require re-assessment</b>   |                              |                                 |  |
| <b>I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit TLIB407C For and on behalf of Tactical Conflict Solutions.</b> |                              |                                 |  |

TLIB2004



**TLIF1007C**

TLIF2010A

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| <b>Title</b>                               | <b>Unit</b>      |
| <b>Apply fatigue management strategies</b> | <b>Core Unit</b> |

**What this unit covers.**

This unit involves the skills and knowledge required to apply fatigue management strategies, including identifying and acting upon signs of fatigue and implementing appropriate strategies to minimise fatigue during work activities.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

**Performance Criteria 1** *Identify and act upon signs of fatigue*

Potential causes of fatigue are monitored and action taken to minimise their effects in accordance with company procedures

Personal warning signs of fatigue are recognised and necessary steps are taken in accordance with workplace procedures to ensure that effective work capability and alertness are maintained

**Duties performed by the Student meet the required performance criteria****Attached is the following evidence.**

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| <b>Assessors Evidence</b>  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b> Yes <input type="checkbox"/> No <input type="checkbox"/>     | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

|  |   |
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| <b>I can competently do this.</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Supervisor Agrees</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| <b>Student Signature</b> | <b>Supervisors Signature</b> |
| <b>Date</b>              | <b>Date</b>                  |

**Assessor Verification**

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|---------------------------|---------------------------------|
| <b>Assessor Signature</b> | <b>Print Full Name</b>          |
| <b>Date</b>               | <b>The Student is Competent</b> |

**Not yet competent**  **The Student will require re-assessment**

**Performance Criteria 2** *Implement strategies to minimise fatigue*

Routes and schedules are assessed and planned to minimise fatigue

Factors which increase the risk of fatigue-related accidents and safety incidents are understood and minimised

Strategies to manage fatigue are implemented in accordance with company policy

Lifestyle choices are made which promote the effective long-term management of fatigue

Effective practices in combating fatigue are adopted and applied

Personal fatigue management strategies are communicated to other relevant people

Appropriate counter measures are planned to combat fatigue

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

**Comments.**

**Assessors Evidence**

|                                 |                              |                             |  |                                    |
|---------------------------------|------------------------------|-----------------------------|--|------------------------------------|
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
|                                 |                              |                             | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

**I can competently do this.** Yes  No  **Supervisor Agrees** Yes  No

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|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

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| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

**Not yet competent  The Student will require re-assessment**

**I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit TLIF1007C For and on behalf of Tactical Conflict Solutions.**

TLIF2010A

|   |                  |
|---|------------------|
| <b>Title</b>                                | <b>Unit</b>      |
| <b>Conduct Defensive Driving Procedures</b> | <b>Core Unit</b> |

**What this unit covers.**  
 This unit deals with the philosophy, methodology, formations and tactics to conduct Close Personal Protection while driving.  
 You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

**Performance Criteria 1** *Undertake preliminary driving and escort procedures*

- 1.1 Security rules and operating procedures for motor vehicle travel in defensive situations are identified and checked in accordance with procedures
- 1.2 Definitions, rules and procedures for controlled convoy driving are identified and checked in accordance with procedures
- 1.3 Resource requirements such as type of vehicle, human resources, equipment are identified and allocated
- 1.4 Vehicle role and responsibilities of a CPP Officer are established according to vehicle escort formation procedures
- 1.5 Communications systems and procedures are established
- 1.6 Route selection, planning and reconnaissance are phased according to appropriate principles and general considerations
- 1.7 Safe houses, alternate routes and emergency services on route are identified
- 1.8 Familiarity with major traffic routes and local traffic conditions is demonstrated
- 1.9 Stickers which comply with local licensing regulations are clearly displayed

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**  
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| <b>Assessors Evidence</b>       | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

**I have successfully completed this unit of competence!**

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> | <b>Supervisors Signature</b> |
| <b>Date</b>              | <b>Date</b>                  |

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| <b>Assessor Verification</b> |                                 |
| <b>Assessor Signature</b>    | <b>Print Full Name</b>          |
| <b>Date</b>                  | <b>The Student is Competent</b> |

**Not yet competent  The Student will require re-assessment**

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| <b>Performance Criteria 2</b> | <i>Undertake defensive driving</i> |
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- 2.1 Basic driving skills are demonstrated in a professional manner
- 2.2 Instruments and gauges are monitored to ensure the vehicle operation is safe and in accordance with vehicle specifications and traffic regulations
- 2.3 Controlled and smooth braking skills are demonstrated
- 2.4 Slide Control is demonstrated successfully in a range of simulated road conditions
- 2.5 Hand Brake/Reverse Turn is conducted according to vehicle capacity and road conditions
- 2.6 High Speed Reversing is conducted according to vehicle capacity and road conditions
- 2.7 Operational integrity is maintained

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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**Attached is the following evidence.**

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| <b>Assessors Evidence</b>       | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

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| <b>I have successfully completed this unit of competence!</b> |
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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
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| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

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| <b>Not yet competent <input type="checkbox"/> The Student will require re-assessment</b> |
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| <b>Performance Criteria 3</b> | <i>Conduct a search to ensure vehicle security</i> |
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- 3.1 An IED clearance is conducted and threatening or dangerous devices are identified and dismantled in accordance with procedures
- 3.2 A surveillance sweep of the vehicle is conducted and indirect threats are identified and acted upon according the type of threat and in accordance with procedures
- 3.3 Conduct an operational safety check of the vehicle and
- 3.4 Methods used for securing vehicles are identified and acted upon in accordance with procedures
- 3.5 Integrity of vehicle security is maintained.

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

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|-------------------|--|-----------------------|--|
| Student Signature |  | Supervisors Signature |  |
| Date              |  | Date                  |  |

**Assessor Verification**

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|--------------------|--|--------------------------|--|
| Assessor Signature |  | Print Full Name          |  |
| Date               |  | The Student is Competent |  |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO13A For and on behalf of Tactical Conflict Solutions.

WA51212CPPO2A

# WA51212CPP009A

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|--|------------------|
| <b>Title</b>                                 | <b>Unit</b>      |
| <b>Conduct Advance Party Security Survey</b> | <b>Core Unit</b> |

## What this unit covers.

This unit deals with the skills and knowledge required to implement primary area and special event security.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

## Performance Criteria 1 *Plan and implement security procedures in secondary location*

- 1.1 Range of security methods and procedures that can be implemented in an office/workplace are identified and analysed
- 1.2 Need for implementation of security measures at the PAR's office/workplace is identified and analysed
- 1.3 Considerations relevant to the implementation of security measures at the PAR's office/workplace are identified
- 1.4 Operating procedures established and confirmed with relevant personnel
- 1.5 Action plan implemented according to operating procedures

## Duties performed by the Student meet the required performance criteria

Attached is the following evidence.

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## Comments.

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| <b>Assessors Evidence</b>       | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

## I have successfully completed this unit of competence!

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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|--------------------------|------------------------------|
| <b>Student Signature</b> | <b>Supervisors Signature</b> |
| <b>Date</b>              | <b>Date</b>                  |

## Assessor Verification

|                           |                                 |
|---------------------------|---------------------------------|
| <b>Assessor Signature</b> | <b>Print Full Name</b>          |
| <b>Date</b>               | <b>The Student is Competent</b> |

Not yet competent  The Student will require re-assessment

## Performance Criteria 2 *Plan and implement primary location security measures*

- 2.1 Range of security methods and procedures that can be implemented in a residential environment are identified and analysed
- 2.2 Need for implementation of security measures at the PAR's residence identified and analysed
- 2.3 Considerations relevant to the implementation of security measures at the PAR's residence are identified

- 2.4 Considerations relevant to the implementation of security measures at the PAR's residence are identified
- 25 Operating procedures established and confirmed with relevant personnel
- 2.6 Action plan implemented according to operating procedures

**Duties performed by the Student meet the required performance criteria**  
**Attached is the following evidence.**

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**Comments.**

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**  
**I can competently do this.** Yes  No  Supervisor Agrees Yes  No

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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |                                 |
| <b>Assessor Signature</b>    | <b>Print Full Name</b>          |
| <b>Date</b>                  | <b>The Student is Competent</b> |

**Not yet competent  The Student will require re-assessment**

**Performance Criteria 3** Plan and implement venue security procedures

- 3.1 Threats presented by special event attendance identified and analysed
- 3.2 Need for implementation of security measures at a special event identified and analysed
- 3.3 Considerations relevant to the implementation of security measures at a special event are identified
- 3.4 Operating procedures established and confirmed with relevant personnel
- 3.5 Action plan implemented according to operating procedures

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

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|--------------------------|--|------------------------------|--|
| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

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|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO09A For and on behalf of Tactical CONflict Solutions.

# WA51212CPP010A

| Title  |  | Unit  |   |
|--|--|---|---|
| Undertake Tactical Appreciation  |  | Core Unit   |   |
| <b>What this unit covers.</b>  |  |   |   |
| This competency standard covers tactical appreciation and the skills and knowledge to conduct tactical assessments of an area of operation.<br>You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this |  |   |   |
| <b>Performance Criteria 1</b>  |  | <i>Describe the tactical appreciation of the area of operation.</i> |   |
| 1.1 Tactical appreciation is demonstrated of operations conducted in a built up area such as a city or suburb of a city, or high density population.   |  |   |   |
| 1.2 Tactical appreciation is demonstrated of operations conducted in country, agricultural, sparsely populated or small town outside the acknowledged metropolitan district.   |  |   |   |
| 1.3 Tactical appreciation is demonstrated of operations conducted on a maritime vessel such as a passenger liner, commercial carrier or pleasure craft.  |  |   |   |
| 1.4 Tactical appreciation is demonstrated of operations conducted on an aircraft, train or vehicle.  |  |   |   |
| 1.5 Tactical appreciation is demonstrated of operations involving single storey, multi storey, multi faced buildings.  |  |   |   |
| <b>Duties performed by the Student meet the required performance criteria</b>  |  |   |   |
| Attached is the following evidence.  |  |   |   |
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| <b>Comments.</b>   |  |   |   |
|  |  |   |   |
| <b>Assessors Evidence</b>  |  | Demonstration <input type="checkbox"/>                              | Questions <input type="checkbox"/>                          |
| Self Assessment Complete   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>                              | Feedback <input type="checkbox"/>                           |
| Student is Competent   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/>                    | Other <input type="checkbox"/>                              |
| <b>I have successfully completed this unit of competence!</b>  |  |   |   |
| I can competently do this.   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| <b>Student Signature</b>   |  | <b>Supervisors Signature</b>  |   |
| <b>Date</b>  |  | <b>Date</b>   |   |
| <b>Assessor Verification</b>   |  |   |   |
| <b>Assessor Signature</b>  |  | <b>Print Full Name</b>  |   |
| <b>Date</b>  |  | <b>The Student is Competent</b>                                     |   |
| Not yet competent <input type="checkbox"/> The Student will require re-assessment  |  |   |   |
| <b>Performance Criteria 2</b>  |  | <i>Identify danger/target zones in a CPP operation</i>              |   |
| 2.1 Recognition is demonstrated of danger/target zones in a CPP operation conducted in an urban area: <ul style="list-style-type: none"> <li>• Front gate/drive way entry to grounds/premises</li> <li>• Front door/main entry to building/residence</li> <li>• Set down/pick up point at venue</li> </ul>   |  |   |   |

2.2 Recognition is demonstrated of danger/target zones in a CPP operation conducted in a rural area:

- Blind corners,
- Narrow roads,
- Bridges,
- Cuttings or hills
- Alleys
- Saddles

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** *Identify and apply threat reduction methods to maritime operations.*

3.1 Recognition is demonstrated of security threats to maritime operations:

- Piracy
- Weather
- Crew
- Passengers
- Country/Govt where berthed
- Stevedores/waterside workers

3.2 With reference to the International Maritime Bureau, recognition is demonstrated of countries/governments where maritime behaviours require the development of threat reduction methods:

- Countries of military rule or economically disadvantaged third world regions
- Countries where law enforcement agencies are rare or non-existent

3.3. Threat reduction techniques are identified and applied to maritime operations

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO10A For and on behalf of Tactical Conflict Solutions.

# WA51212CPP011A

|  |  |   |  |
|--|--|---|--|
| <b>Title</b>   |  | <b>Unit</b>   |  |
| Respond to Marksman Threat   |  | Core Unit   |  |
| <b>What this unit covers.</b>  |  |   |  |
| This competency standard covers the skills and knowledge required to counter a threat from a marksman (sniper).<br>You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this |  |   |  |
| <b>Performance Criteria 1</b>  |  | <b>Recognise the principles of marksmanship</b>                           |  |
| 1.1 The techniques of observing, reporting and/or killing a target with one shot fired are identified and understood.<br>1.2 The techniques of infil and extil without being detected or apprehended are identified and understood.<br>1.3 The differences in operation between rural and urban environments are identified and understood.                    |  |   |  |
| <b>Duties performed by the Student meet the required performance criteria</b>  |  |   |  |
| <b>Attached is the following evidence.</b>   |  |   |  |
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| <b>Comments.</b>   |  |   |  |
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| <b>Assessors Evidence</b>  |  |   |  |
| Self Assessment Complete   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                  | Demonstration <input type="checkbox"/> Questions <input type="checkbox"/>  |
| Student is Competent   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                  | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>   |
|  |  | Scenario / Roll Playing <input type="checkbox"/>                          | Other <input type="checkbox"/>   |
| <b>I have successfully completed this unit of competence!</b>  |  |   |  |
| I can competently do this.   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                  | Supervisor Agrees Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Student Signature</b>   |  | <b>Supervisors Signature</b>  |  |
| <b>Date</b>  |  | <b>Date</b>   |  |
| <b>Assessor Verification</b>   |  |   |  |
| <b>Assessor Signature</b>  |  | <b>Print Full Name</b>  |  |
| <b>Date</b>  |  | <b>The Student is Competent</b>   |  |
| Not yet competent <input type="checkbox"/> The Student will require re-assessment  |  |   |  |
| <b>Performance Criteria 2</b>  |  | <b>Recognise the ballistic capability principles of a marksman weapon</b> |  |
| 2.1 Types of weapons used by marksmen are recognised and understood<br>2.2 The effective ballistic range of marksman weapons is recognised and understood.<br>2.3 The effects of physical barriers and atmospheric conditions upon ballistics are recognised and understood.   |  |   |  |
| <b>Duties performed by the Student meet the required performance criteria</b>  |  |   |  |

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |                       |
|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                    |                          |
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| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** *Identify and apply methods to minimise a marksman threat*

- 3.1 Understanding of methods of minimising a marksman threat are applied to identification of firing alleys and killing zones.
- 3.2 Speed and direction of travel and movement is varied according to marksman threat minimisation requirements.
- 3.3 Exposure of PAR in firing alleys and killing zones is avoided or minimised.
- 3.4 Use of ballistic resistant materials on transport and buildings is considered in the context of marksman threat minimisation.
- 3.5 Other physical barriers which impede visual observations and trajectory of ballistics are identified applied in the context of marksman threat minimisation.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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| I can competently do this.  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| <b>Student Signature</b>  |  | <b>Supervisors Signature</b>    |   |
| <b>Date</b>   |  | <b>Date</b>                     |   |
| <b>Assessor Verification</b>  |  |                                 |   |
| <b>Assessor Signature</b>   |  | <b>Print Full Name</b>          |   |
| <b>Date</b>   |  | <b>The Student is Competent</b> |   |
| Not yet competent <input type="checkbox"/> The Student will require re-assessment   |  |                                 |   |
| I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO11A For and on behalf of Tactical Conflict Solutions. |  |                                 |   |

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**WA51212CPPO02A**

WA51212CPPO13A

|                                      |                      |
|--------------------------------------|----------------------|
| <b>Title</b>                         | <b>Unit</b>          |
| <b>Undertake Air Travel Security</b> | <b>Elective Unit</b> |

**What this unit covers.**

This unit of competence relates to air travel by the PAR on commercial and corporate aircraft and the pertaining security requirements to maximise the safety and security of the PAR.  
 You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

**Performance Criteria 1****Conduct pre flight security arrangements**

- 1.1 Threat assessment of country/s of destination is conducted through analysis of reports, internet searches and discussed with appropriate personnel
- 1.2 Advance survey of airline and airport security is conducted according to SOPs
- 1.3 Booking and departure arrangements including ticket purchasing are expedited through a trusted travel agent
- 1.4 Flight arrangements are identified and organised which provide maximum safety and security for the PAR

**Duties performed by the Student meet the required performance criteria****Attached is the following evidence.****Comments.****Assessors Evidence**

|                          |  |   |
|--------------------------|--|---|
|                          | Demonstration <input type="checkbox"/>                   | Questions <input type="checkbox"/>  |
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/> Feedback <input type="checkbox"/>        |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> Other <input type="checkbox"/> |

**I have successfully completed this unit of competence!**

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment**Performance Criteria 2****Ensure secure baggage arrangements**

- 2.1 Baggage identification arrangements are made which ensure ready identification without attracting attention
- 2.2 Baggage of durable construction with security locking is arranged
- 2.3 Pre check in arrangements ensure that baggage is attended and watched at all times
- 2.4 Care is taken to ensure that no other person's baggage is carried

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |                       |
|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** *Conduct secure departure procedures*

- 3.1 Flight departure times are checked to ensure arrival at airport is achieved in good time
- 3.2 Transport to airport is arranged which ensures the maximum security of the PAR
- 3.3 Time spent in check in and main terminal areas is minimised and the PAR moved directly to club or departure lounge.
- 3.4 Unattended baggage/parcels are avoided
- 3.5 Supplementary activities such as shopping at departure/air side duty free shops are conducted with all required precautions for the safety of the PAR.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                          |  |                              |  |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

**Not yet competent**  **The Student will require re-assessment**

**Performance Criteria 4** *Identify and conduct in flight air travel protocol and procedure:*

- 4.1 PAR is boarded as soon as aircraft boarding is opened
- 4.2 Seating arrangements are ensured which provide uncompromised security for the PAR
- 4.3 Overhead compartment storage are checked for unaccompanied parcels
- 4.4 Behaviours are avoided which have the potential to reduce the PAR's security
- 4.5 Attire is comfortable and reflects the preferred dress of country of destination
- 4.6 Personal identifications are only as required and lack any religious or national connotation
- 4.7 All documentation is secured appropriately.

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

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**Comments.**

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

**Not yet competent**  **The Student will require re-assessment**

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|-------------------------------|--|
| <b>Performance Criteria 5</b> | <b>Conduct secure arrival procedures</b> |
|-------------------------------|--|

- 5.1 Departure from the aircraft for entry into the arrival terminal is undertaken when all other passengers have left the aircraft
- 5.2 Waiting is undertaken in a secure area of the airport until baggage is available for collection
- 5.3 The bona fides of parties meeting PAR at airport are verified according to pre-determined arrangements.
- 5.4 Means of transport from the airport are selected to ensure maximum security for the PAR
- 5.5 Taxi registration and driver ID are noted when taxi is used as the means of transport from the airport
- 5.6 Route from the airport to destination is determined which ensures maximum security for the PAR

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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**Attached is the following evidence.**

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| <b>Assessors Evidence</b>       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

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| <b>I have successfully completed this unit of competence!</b> |  |  |  |
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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |  |  |
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| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |                          |
| <b>Date</b>               |  | <b>The Student is Competent</b> | <input type="checkbox"/> |

**Not yet competent  The Student will require re-assessment**

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| <b>Performance Criteria 6</b> | <b>Observe Standard Operating Procedures in the event of a hijacking</b> |
|-------------------------------|--|

- 6.1 Actions and behaviour of all passengers are observed during the flight.
- 6.2 Appropriate hostilities are engaged where an overt threat occurs which directly threatens the PAR
- 6.3 Instructions are complied with at all times where there is no direct threat to the PAR.
- 6.4 Inappropriate physical or verbal confrontation/responses are avoided
- 6.6 The reaction of other passengers is observed in the event of landing in another country during the hijacking
- 6.7 Eating or drinking are avoided in the event of a hijacking
- 6.8 Preparation is undertaken for an extended period of extreme discomfort and unhygienic conditions
- 6.9 Observation and identification all threat personnel and weapons is attempted.

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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Attached is the following evidence.

Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

|                   |                       |
|-------------------|-----------------------|
| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

|                    |                          |
|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 7** *Observe procedures in the event of hostage rescue*

- 7.1 Doors, roof and emergency exits where Anti Terrorism Elements will make entry are identified.
- 7.2 Preparation for explosive entry is undertaken which ensures the maximum security of the PAR
- 7.3 All rescuer commands are obeyed.
- 7.4 Preparation is undertaken to minimise harm to the PAR in the event of rough handling
- 7.5 Information about the threat and perpetrators is provided as extensively as possible during debriefing
- 7.6 Integrity of the PA's security and the security operation is maintained at all times.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

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| <b>Student Signature</b>   |  | <b>Supervisors Signature</b>    |  |
| <b>Date</b>  |  | <b>Date</b>                     |  |
| <b>Assessor Verification</b>   |  |                                 |  |
| <b>Assessor Signature</b>  |  | <b>Print Full Name</b>          |  |
| <b>Date</b>  |  | <b>The Student is Competent</b> |  |
| <b>Not yet competent</b> <input type="checkbox"/> <b>The Student will require re-assessment</b>  |  |                                 |  |
| <b>I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO02A For and on behalf of Tactical Conflict Solutions.</b> |  |                                 |  |

WA51212CPPO13A

0609

# WA51212CPP012A

| Title                                       | Unit          |
|---|---------------|
| Undertake Alternate Transportation Security | Elective Unit |

## What this unit covers.

This unit of competence relates to the knowledge and understanding to provide for alternate transportation security requirements.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

### Performance Criteria 1

#### *Conduct advance survey of transport terminals and transportation*

- 1.1 Tactical appreciation of terminus is undertaken to identify layout and threat potential.
- 1.2 IED clearance is conducted in accordance with SOPs.
- 1.3 Team familiarisation with mode of transport is undertaken
- 1.4 Where available, the passenger manifest is requested and seating allocation made which provides maximum security for the PAR
- 1.5 Team familiarity with operation ensured through accurate briefing.

### Duties performed by the Student meet the required performance criteria

#### Attached is the following evidence.

#### Comments.

### Assessors Evidence

|                          |  |  |                                    |
|--------------------------|--|--|------------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
|                          |  | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

### I have successfully completed this unit of competence!

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| Student Signature | Supervisors Signature |
| Date              | Date                  |

### Assessor Verification

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|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

### Performance Criteria 2

#### *Provide for expedient embussing and debussing of PAR on departure and arrival*

- 2.1 Right of passage which maximises PAR safety is arranged directly to transport.
- 2.2 Application for relevant authority to go airside is arranged.
- 2.3 Confirmation of arrangements is undertaken prior to travel

2.4 Liaison with chief steward and or captain regarding PAR requirements is undertaken and arrangements clarified

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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Comments.

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|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

|                            |  |                   |   |
|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| Student Signature | Supervisors Signature |
| Date              | Date                  |

**Assessor Verification**

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|--------------------|--------------------------|
| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3** *Provide for exclusive, restricted access for PAR during transportation*

- 3.1 Availability of corporate transportation for exclusive use by enterprise is sourced.
- 3.2 Security audit of transport company generated in accordance with policies and procedures
- 3.3 Access to PAR whilst travelling is restricted or isolated in accordance with established arrangements

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

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Comments.

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| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

**Performance Criteria 4** *Expedite passage, travel, documentation and customs requirements*

- 4.1 MOU with transport carrier established according to PAR requirements.
- 4.2 MOU with relevant government authorities sought and established as required.
- 4.3 Operation conducted in accordance with legislation and corporate policies for carriage of prohibited/dangerous goods, namely firearms
- 4.4 Team debriefing undertaken to review and evaluate operation.

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

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**Comments.**

|                           |  |                                    |
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| <b>Assessors Evidence</b> | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

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| <b>Assessor Verification</b> |  |                                 |  |
| <b>Assessor Signature</b>    |  | <b>Print Full Name</b>          |  |
| <b>Date</b>                  |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit WA51212CPPO12A For and on behalf of Tactical Conflict Solutions.

# CPPSEC4005A

| Title  | Unit          |
|--|---------------|
| Facilitate Workplace Briefing and Debriefing Processes | Elective Unit |

## What this unit covers.

This competency standard covers the skills and knowledge required to lead and manage a briefing or debriefing. It requires the ability to source and integrate information into a suitable format, use effective interpersonal skills to encourage positive contributions, follow up and action findings and prepare documentation. This work would be carried out under minimal supervision within organisational guidelines. You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

## Performance Criteria 1

### Plan and prepare for briefing/debriefing

- 1.1 Briefing/debriefing requirements are identified, planned and prepared in accordance with assignment instructions and organisational requirements.
- 1.2 Briefing/debriefing content and format is determined and confirmed with appropriate person(s).
- 1.3 Debriefing is scheduled as soon as possible following the incident in accordance with organisational procedures.
- 1.4 Briefing/debriefing location is accessible and non-threatening and encourages comfort, confidentiality and confidence in accordance with organisational policy and procedures.
- 1.5 Suitable feedback techniques are identified to ensure the needs of personnel are accurately identified in accordance with organisational procedures.

## Duties performed by the Student meet the required performance criteria

Attached is the following evidence.

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Comments.

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| Assessors Evidence       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
|--------------------------|--|--|------------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

## I have successfully completed this unit of competence!

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| Student Signature | Supervisors Signature |
| Date              | Date                  |

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**Assessor Verification**

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|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

**Performance Criteria 2** *Facilitate briefing/debriefing*

2.1 Purpose and structure of the briefing/debriefing is outlined and discussed with colleagues in accordance with organisational requirements.

2.2 Effective *interpersonal techniques* are used to encourage discussion of individual experiences, anticipated or actual roles in security activities.

2.3 Contributions from personnel are continually sought and encouraged and constructive feedback is provided as required.

2.4 A systematic approach is taken to the conduct of briefings/debriefings and is revised and modified as required to meet specific needs of personnel and assignment requirements.

2.5 Potential threats or risk to safety of self and others are identified and appropriate action implemented in accordance with organisational procedures

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

**Comments.**

| <b>Assessors Evidence</b>       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
|---------------------------------|--|--|------------------------------------|
| <b>Self Assessment Complete</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| <b>Student is Competent</b>     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
| <b>Date</b>              |  | <b>Date</b>                  |  |

**Assessor Verification**

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|---------------------------|--|---------------------------------|--|
| <b>Assessor Signature</b> |  | <b>Print Full Name</b>          |  |
| <b>Date</b>               |  | <b>The Student is Competent</b> |  |

Not yet competent  The Student will require re-assessment

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|-------------------------------|-------------------------------------|
| <b>Performance Criteria 3</b> | <i>Conclude briefing/debriefing</i> |
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- 3.1 Issues related to the well-being of colleagues are identified and promptly acted upon in accordance with *legislative* and organisational requirements.
- 3.2 Follow up meetings with personnel are scheduled to review priorities and strategies in accordance with organisational procedures.
- 3.3 Briefing/debriefing findings are summarised and presented to appropriate person(s) for review and *subsequent action* in accordance with organisational procedures.
- 3.4 Presented information uses clear and concise language, is free of inconsistencies and meets organisational standards of style, format and accuracy.
- 3.5 Review of briefing/debriefing processes identifies areas for improvement and recommends appropriate support processes for future practice.

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| <b>Duties performed by the Student meet the required performance criteria</b> |
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| <b>Comments.</b> |
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| Assessors Evidence       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
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| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

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| <b>I have successfully completed this unit of competence!</b> |  |  |  |
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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| Student<br>Signature |  | Supervisors<br>Signature |  |
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| Assessor<br>Signature |  | Print Full Name             |  |
| Date                  |  | The Student is<br>Competent |  |

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| Not yet competent <input type="checkbox"/> The Student will require re-assessment |
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| I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit CPPSEC4005A For and on behalf of Tactical Conflict Solutions. |
|--|

# CPPSEC4007A

| Title         | Unit          |
|---------------|---------------|
| Assess Threat | Elective Unit |

## What this unit covers.

This competency standard covers the skills and knowledge required to assess current, future and potential threats to identified assets or activities. It requires the ability to undertake an assessment of client operations, identify and analyse potential or existing threats, undertake a consequence analysis and present assessment findings. This work would be carried out under minimal supervision within organisational guidelines.

You, as the Student must demonstrate that you can perform each of the given performance criteria of the learning outcome. Your own self-assessment and that of your immediate workplace supervisor confirming your competence indicate this

## Performance Criteria 1

### Undertake background assessment

1.1 *Client* operations, goals and objectives are discussed and confirmed in consultation with the client and in accordance with organisational procedures.

1.2 *Relevant information and data* is gathered from identified *sources* and assessed for accuracy and relevance in accordance with *organisational and assignment requirements*.

1.3 A review is conducted of organisational *assets* and existing security arrangements to determine the range of potential or actual undesirable outcomes by following criteria in *relevant standards*.

1.4 Additional information is sourced as required from reliable and verifiable information sources.

## Duties performed by the Student meet the required performance criteria

Attached is the following evidence.

## Comments.

## Assessors Evidence

|                          |  |  |                                    |
|--------------------------|--|--|------------------------------------|
| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
|                          |  | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

## I have successfully completed this unit of competence!

|                            |  |                   |   |
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| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| Student Signature | Supervisors Signature |
| Date              | Date                  |

## Assessor Verification

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| Assessor Signature | Print Full Name          |
| Date               | The Student is Competent |

Not yet competent  The Student will require re-assessment

## Performance Criteria 2

### Identify and analyse potential or existing threats

- 2.1 Context for identifying *threats* is based on an accurate understanding of the threats to *operational environments* and core business operations of the client.
- 2.2 Potential *causes and sources* of potential or existing threats are identified based on an evaluation of gathered information and data.
- 2.3 Information gaps are identified and additional information is collected from appropriate sources to ensure all potentially relevant information is included in the process.
- 2.4 *Assessment criteria* for measuring level of potential or actual threat is developed in accordance with client terms of reference, relevant standards and organisational procedures.
- 2.5 *Likelihood* and realisation of threat is assessed against identified client information and data and organised in a format suitable for analysis and interpretation in accordance with organisational requirements.
- 2.6 Threats to operational environments are systematically monitored to assess performance systems and processes with specific consideration given to changing roles, locations, and stability of operating environment.

**Duties performed by the Student meet the required performance criteria**

Attached is the following evidence.

Comments.

|                           |  |  |                                    |
|---------------------------|--|--|------------------------------------|
| <b>Assessors Evidence</b> |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
| Self Assessment Complete  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

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|----------------------------|--|-------------------|---|
| I can competently do this. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Supervisor Agrees | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
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| <b>Student Signature</b> |  | <b>Supervisors Signature</b> |  |
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| <b>Assessor Verification</b> |                                 |
| <b>Assessor Signature</b>    | <b>Print Full Name</b>          |
| <b>Date</b>                  | <b>The Student is Competent</b> |

Not yet competent  The Student will require re-assessment

**Performance Criteria 3**

*Undertake consequence analysis*

- 3.1 Assessment criteria is agreed with *appropriate person(s)* and used as a basis for measuring *consequence* analysis in accordance with client terms of reference, relevant standards and organisational policy and procedures.
- 3.2 Assets and activities are assessed for criticality to client operations against consideration of all

factors which impact on the operating environment including threat *impact* using agreed assessment criteria.

3.3 Reliability, availability and capacity of operational *back-up systems* for assets and activities are assessed in terms of the impact to normal operations.

3.4 Potential consequences of threats are confirmed through consultation with appropriate person(s) and analysis of all relevant information.

3.5 Client *contingency* requirements are identified and arranged based on an assessment of all factors.

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

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**Comments.**

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| Assessors Evidence       |  | Demonstration <input type="checkbox"/>           | Questions <input type="checkbox"/> |
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| Self Assessment Complete | Yes <input type="checkbox"/> No <input type="checkbox"/> | Documentation <input type="checkbox"/>           | Feedback <input type="checkbox"/>  |
| Student is Competent     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Scenario / Roll Playing <input type="checkbox"/> | Other <input type="checkbox"/>     |

**I have successfully completed this unit of competence!**

I can competently do this. Yes  No  Supervisor Agrees Yes  No

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| Student Signature |  | Supervisors Signature |  |
| Date              |  | Date                  |  |

**Assessor Verification**

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| Assessor Signature |  | Print Full Name          |  |
| Date               |  | The Student is Competent |  |

Not yet competent  The Student will require re-assessment

**Performance Criteria 4**

*Review and present findings*

4.1 A *report* outlining assessment findings is prepared in the required format, style and structure and presented to the client within specified time, budget and quality constraints.

4.2 Information is valid and relevant and analysis and recommendations are clear, justified and consistent with client terms of reference and organisational requirements.

.....

with organisational policy and procedures.

4.5 All information and material is securely retained and stored with due regard to client confidentiality requirements in accordance with legislative and organisational requirements.

**Duties performed by the Student meet the required performance criteria**

**Attached is the following evidence.**

**Comments.**

**Assessors Evidence**

Demonstration

Questions

**Self Assessment Complete**

Yes  No

Documentation

Feedback

**Student is Competent**

Yes  No

Scenario / Roll Playing

Other

**I have successfully completed this unit of competence!**

**I can competently do this.**

Yes  No

**Supervisor Agrees**

Yes   
No

**Student  
Signature**

**Date**

**Supervisors  
Signature**

**Date**

**Assessor Verification**

**Assessor  
Signature**

**Date**

**Print Full Name**

**The Student is  
Competent**

**Not yet competent  The Student will require re-assessment**

**I, the assessor validate that the Student as having completed all the performance and assessment criteria in this unit CPPSEC4007A For and on behalf of Tactical Conflict Solutions.**