



INDIVIDUAL PROFICIENCY AWARD ASSESSMENT FORM

Staff and Cadets

Jul 13: Version 1.0

Member Details					
Surname:	Initials:	PmKeys #:	Service #:		
Unit:	Over 18? [Choose]	FY Assessed:	Date raised:		
Criterion	Components	Yes	No	N/A	
Personal Standards	1. Dress and bearing acceptable?	<input type="checkbox"/>	<input type="checkbox"/>		
	2. Behaviour acceptable?	<input type="checkbox"/>	<input type="checkbox"/>		
Criterion	Components	Yes	No	N/A	
Active Program Participation	Flights/Squadrons/Wings				
	3. Participated in at least 3 extra-curricular activities over the period?	Activities (CadetOne # and Name)			
		a.			
		b.			
	c.				
	4. Attended a min of 75% home parades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Directorates/HQAAFC					
5. Assigned tasks completed & KPIs met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Attended a min of 75% duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Criterion	Components	Yes	No	N/A	
Personal and Organisational Development	Cadets				
	7. Attended a regional/Wing/National Activity of 3 days? Or	Activity (CadetOne # and Name)			
		a.			
	8. Attended a wing/national activity as cadet staff for 2 days	Activity (CadetOne # and Name)			
		a.			
	AND				
	9. Completed stage or elective training?	Stage/Elective Training Completed			
		a.			
	10. Performed SQN assigned role for 1 term?	Role performed?			
		a.			
	Staff				
	11. Attended an activity of 7 days or more?	Activity (CadetOne # and Name)			
		a.			
OR					
12. Attended 3 or more activities of 2 days duration?	Activities (CadetOne # and Name)				
	a.				
	b.				
c.					
13. Attended a staff development course, conference or workshop of 1 day duration?	Activity attended (CadetOne#)				
	a.				
Criterion	Components	Yes	No	N/A	
Ceremonial/Community Activity	14. Participated in a ceremonial or community activity?	Activity (CadetOne # and Name)			
		a.			
Criterion	Components	Yes	No	N/A	
First Aid	15. Holds a relevant and valid first aid qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Expiry:			
Criterion	Components	Yes	No	N/A	
Working With Children	16. Holds a valid Working With Children qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Expiry:			
Assessed Member Declaration					
As the member being assessed I declare that the information above is true and correct and that any false information will be considered a breach of the Cadet Code of Conduct as defined by the <i>Cadet Forces Regulations</i>					
Name	Rank	Position	Unit	Date	Signature

Assessors Declaration

The assessed member is assessed to be individually proficient in accordance with HQAAFC SI (OPS) 4–10 Individual Proficiency Award.

Yes

No

Comments:

As the assessor, I declare that I have checked the information above and agree that the information provided is correct.

Name

Rank

Position

Unit

Date

Signature

Individual Proficiency Coordinator

Individual Proficiency Register Updated.

Yes

Date

Name

Rank

Position

Unit

Date

Signature

Notes: