

New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

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|--|---|--|
| <input type="checkbox"/> Assistant Instructor | <input type="checkbox"/> Examiner | <input type="checkbox"/> Swim Instructor Update Clinic |
| <input type="checkbox"/> Swim Instructor | <input type="checkbox"/> Trainer | <input type="checkbox"/> Inclusion Clinic |
| <input type="checkbox"/> Lifesaving and Emergency First Aid Instructor | <input type="checkbox"/> National Trainer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Standard First Aid Instructor | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> National Lifeguard Instructor | | |

Host name (Affiliate) _____ () Telephone _____ Exam date: ____ YY ____ MM ____ DD Street address _____ City _____ Prov. _____ Postal code _____ Facility name (e.g., name of pool) _____ Telephone _____ Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached	Affiliate Contact Person _____ () Telephone _____ Email _____ <i>All candidates shown as passed have completed all items to the required standard.</i> Lifesaving Society Trainer's name _____ ID# _____ Email _____ () Telephone _____ Signature _____ Apprentice's Name _____ ID# _____ () Telephone _____
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✓ - PASS X - FAIL

TOTAL ENROLLED _____ TOTAL PASS _____ TOTAL FAIL _____

	Date of Birth YY MM DD	Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
1 Name/Address/Telephone/Email (<i>Please print legibly</i>) _____ _____ _____ _____ Lifesaving Society ID # _____ Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____	/ /								
2 Name/Address/Telephone/Email (<i>Please print legibly</i>) _____ _____ _____ _____ Lifesaving Society ID # _____ Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____	/ /								
3 Name/Address/Telephone/Email (<i>Please print legibly</i>) _____ _____ _____ _____ Lifesaving Society ID # _____ Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____	/ /								

LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic		Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
Exam date: YY MM DD	Facility name (e.g., name of pool)								
Lifesaving Society Trainer's name		Date of Birth YY MM DD							
Signature									
Apprentice's Name									
<input checked="" type="checkbox"/> - PASS <input checked="" type="checkbox"/> - FAIL Name/Address/Telephone/Email (<i>Please print legibly</i>)									
<input type="checkbox"/>	/ / Lifesaving Society ID # Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>	/ / Lifesaving Society ID # Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>	/ / Lifesaving Society ID # Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>	/ / Lifesaving Society ID # Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>	/ / Lifesaving Society ID # Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>	/ / Lifesaving Society ID # Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								