LIFESAVING SOCIETY
The Lifeguarding Experts

INSTRUCTOR TRAINER TRAINING RECORD - SWIM

Last Name	First Given Name		Birth Date YY/MM/DD
Permanent Address			
City	Province	Postal Code	Lifesaving Society ID # (If Known)
Home Phone #	Business Phone #	Email address	

1. Prerequisites

Current Bronze Cross Examiner – appointment date _____

2. Trainer Clinic

I certify that the individual identified above has successfully completed a Lifesaving Society Instructor Trainer course and has been successfully evaluated on Leadership, Participation, Preparation, Evaluation, and Use of Resources.

Clinic Provincial Trainer: _____   Lifesaving Society ID #: _____

Clinic Location: _____   Clinic Date: _____

Provincial Trainer Signature: _____   Phone : _____

3. Apprenticeship Experiences *(This must be done with a current experienced Lifesaving Society Instructor Trainer.)*

Course Content Areas	Teaching	Evaluating	Knowledge	Management	Date	Trainer Signature & ID #
About the Lifesaving Society						
Learning & Teaching						
Planning						
Strokes, Skills, & Fitness						
Teaching & Evaluating Swimming						
Responsibility & Safety						

Dear Trainer (s): Each topic should not be signed until all four evaluation areas are checked (3). Your signature indicates that the apprentice is capable of preparing and presenting the content area successfully, without supervision. Please use these charts to assist with your evaluation of and feedback to your assistant. (See Section 1 Unit 3, p. 64, Notes for Instructor Trainers.) Please give the apprentice direct feedback on each area and for every apprenticeship experience.

Specific Apprentice Skills	Date	Trainer Signature & Phone #
Leadership		
Attend a Full Course		
Plan a Full Course Schedule		
Evaluation		
Use of Resources		
Safety Supervision		

4. Payment and Approval

When all above areas are complete, send this Training Record with the $31.50 certification fee to the Lifesaving Society at:
70 Melissa St, Fredericton, NB, E3A 6W1.

For Office Use Only

Program Manager _____   _____ Date_____
                   Print Name   Signature