



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. Council Chair Approval

When all above areas are complete, send this Training Record with the \$26.10 certification fee to the Lifesaving Society, 400 Consumers Road, Toronto, Ont. M2J 1P8.

Council Chair Approval: _____ Date _____