

Trainer Training Record

Trainer Candidate Name: _____ Lifesaving Society ID# _____

For certification as a: _____ Trainer.
(stream)

Apprenticeship Report

Apprenticeship

I certify that the individual identified above has successfully apprenticed on a course of the stream listed above. In my opinion, he/she is capable of certifying candidates at this level.

Location: _____ Course Date: _____

Supervising Trainer: _____
(Print Name) (Signature)

Member ID #: _____ Telephone/Email: _____

Apprenticeship (must be completed with an experienced Lifesaving Society Trainer)

| Curriculum Category | Date Completed | Experienced Trainer Signature and ID# |
|---|----------------|---------------------------------------|
| Professional Responsibilities | | |
| Professional Knowledge | | |
| Leadership | | |
| Preparation and Planning | | |
| Presentation: Teaching and Facilitating | | |
| Evaluation | | |

Upon completion of the above areas, send **Development Plan and Training Record** to the Lifesaving Society, 400 Consumers Road, Toronto, Ont. M2J 1P8.

FOR OFFICE USE:

Approved by: _____

Date Received: _____

Date Issued: _____