

## New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

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

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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<b>✓ - PASS      ✗ - FAIL</b> TOTAL ENROLLED _____ TOTAL PASS _____ TOTAL FAIL _____		<i>Prerequisites checked</i> <i>Professional Responsibility</i> <i>Professional Knowledge</i> <i>Leadership</i> <i>Preparation and Planning</i> <i>Presentation: Teaching and Facilitating</i> <i>Evaluation</i> <i>Result</i>									
Name/Address/Telephone/Email ( <i>Please print legibly</i> ) 1 _____ _____ _____ _____		Date of Birth YY MM DD / /									
		Lifesaving Society ID #									
		Prerequisite(s): _____		Date earned: _____		Date earned: _____		Location: _____		Location: _____	
2 _____ _____ _____ _____		/ /									
		Lifesaving Society ID #									
		Prerequisite(s): _____		Date earned: _____		Date earned: _____		Location: _____		Location: _____	
3 _____ _____ _____ _____		/ /									
		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 _____	ID# _____								
Signature _____									
Apprentice's Name _____	ID# _____								
<input checked="" type="checkbox"/> - PASS <input checked="" type="checkbox"/> - FAIL Name/Address/Telephone/Email ( <i>Please print legibly</i> ) _____	Date of Birth YY MM DD _____								
<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: _____								