

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