

LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic Exam date: YY / MM / DD Facility name (e.g., name of pool)		Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
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							
4		/ /							
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
5		/ /							
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
6		/ /							
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
7		/ /							
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
8		/ /							
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
9		/ /							
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					