

Trainer Candidate Development Plan

Last name:	Given name:
Permanent Address:	City:
Province:	Postal Code:
Lifesaving Society ID #:	Email:
Home Phone #:	Business Phone #:

Trainer Course

Course Location:	Course date:
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Development Plan *(to be developed by the Trainer Candidate with the National Trainer)*

Trainer Candidate Signature:	National Trainer name and Signature:
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Trainer Process & Prerequisites – *Select preferred stream*

- Bronze Examiner + Trainer Course + Apprenticeship = Lifesaving Instructor Trainer
- Lifesaving Swim Instructor* + Trainer Course + Apprenticeship = Swim Instructor Trainer
* 100 hours of teaching Swim for Life
- First Aid Examiner + Trainer Course + Apprenticeship = First Aid Instructor Trainer
- National Lifeguard Examiner + Trainer Course + Apprenticeship = National Lifeguard Instructor Trainer

Trainer Training Record

Trainer Candidate Name: _____ Lifesaving Society ID #: _____

For certification as a _____ Trainer (write in stream)

Apprenticeship Report

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

Location:	Course Date:
Supervising Trainer name:	Supervising Trainer signature:
Lifesaving Society ID #:	Phone # and 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 & 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: _____

Trainer Certification Fee

Name:	Email:
Mailing Address:	City and Province:
Postal Code:	Phone number:
Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Purchase order #	<input type="checkbox"/> Visa <input type="checkbox"/> Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Credit Card #:	Cardholder's name:
Expiry date:	CVV number (3 digits)
Cardholder's signature:	

PLEASE SUBMIT WITH COMPLETED EXAMINER TRAINING RECORD

Quantity	Item	Price	Total
	Trainer Certification fee	\$40.00	

Grand Total	
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Fee applies to each examiner training record submitted

Prices effective until December 31, 2026