



Trainer Candidate Development Plan

Last name		Given name		Birth date YY/MM/DD	
Permanent Address					
City		Province	Postal Code	Lifesaving Society ID#	
Home Phone #	Business Phone #		Email Address		

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

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- Bronze Examiner + Trainer Course + Apprenticeship = Lifesaving Instructor Trainer

 - Lifesaving Swim Instructor
 100 hours of teaching Swim for Life + Trainer Course + Apprenticeship = Swim Instructor Trainer

 - First Aid Examiner + Trainer Course + Apprenticeship = First Aid Instructor Trainer

 - National Lifeguard Examiner + Trainer Course + Apprenticeship = National Lifeguard Instructor Trainer
