

Trainer Training Record

Trainer Candidate Name: _____ Lifesaving Society ID# _____

For certification as a: _____ Trainer.
(stream)

Apprenticeship Report

Apprenticeship

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: _____
(Print Name) (Signature)

Member ID #: _____ Telephone/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 and 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: _____



LIFESAVING SOCIETY

The Lifeguarding Experts

TRAINER CERTIFICATION FEE

Name:			Email:				
Mailing address:							
City		Prov.		Postal code			
Phone:							
Payment:	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 <input type="checkbox"/>
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	\$37.50	
Fee applies to each trainer training record submitted.		TOTAL	

PRICES EFFECTIVE UNTIL DECEMBER 31, 2024

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 Online Store: www.lifeguarddepot.com