



**Trainer Candidate Development Plan and Training Record**

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

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

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

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

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## 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, he/she is 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: \_\_\_\_\_