



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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- |                          |                 |   |                |   |                |   |                               |
|--------------------------|-----------------|---|----------------|---|----------------|---|-------------------------------|
| <input type="checkbox"/> | Bronze Examiner | + | Trainer Course | + | Apprenticeship | = | Lifesaving Instructor Trainer |
|--------------------------|-----------------|---|----------------|---|----------------|---|-------------------------------|
- 
- |                          |                                                                   |   |                |   |                |   |                         |
|--------------------------|-------------------------------------------------------------------|---|----------------|---|----------------|---|-------------------------|
| <input type="checkbox"/> | Lifesaving Swim Instructor<br>100 hours of teaching Swim for Life | + | Trainer Course | + | Apprenticeship | = | Swim Instructor Trainer |
|--------------------------|-------------------------------------------------------------------|---|----------------|---|----------------|---|-------------------------|
- 
- |                          |                    |   |                |   |                |   |                              |
|--------------------------|--------------------|---|----------------|---|----------------|---|------------------------------|
| <input type="checkbox"/> | First Aid Examiner | + | Trainer Course | + | Apprenticeship | = | First Aid Instructor Trainer |
|--------------------------|--------------------|---|----------------|---|----------------|---|------------------------------|
- 
- |                          |                             |   |                |   |                |   |                                       |
|--------------------------|-----------------------------|---|----------------|---|----------------|---|---------------------------------------|
| <input type="checkbox"/> | 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, 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.		<b>TOTAL</b>	

PRICES EFFECTIVE UNTIL DECEMBER 31, 2024

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 Online Store: [www.lifeguarddepot.com](http://www.lifeguarddepot.com)