



# New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

- |   |  |                                   |  |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Assistant Instructor                             | <input type="checkbox"/> Standard First Aid Instructor | <input type="checkbox"/> Examiner | <input type="checkbox"/> Swim Instructor Update Clinic |
| <input type="checkbox"/> Swim Instructor                                  | <input type="checkbox"/> National Lifeguard Instructor | <input type="checkbox"/> Trainer  | <input type="checkbox"/> Inclusion Clinic              |
| <input type="checkbox"/> Lifesaving and Emergency<br>First Aid Instructor | <input type="checkbox"/> Officials Instructor          |                                   | <input type="checkbox"/> In-Person Recertification     |
|   | <input type="checkbox"/> Aquatic Management Instructor |                                   | <input type="checkbox"/> Other:                        |

( )	
Host name (Affiliate)	Telephone
Exam date:   YY     MM     DD	
Street address	
City	Prov.
( ) Postal code	
Facility name (e.g., name of pool)	Telephone
Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached	
( )	
Affiliate Contact Person	Telephone
Email	
All candidates shown as passed have completed all items to the required standard.	
Lifesaving Society Trainer's name	ID#
Email	
( )	
Telephone	Signature
Apprentice's Name	
( )	ID#
Telephone	

<div>✓ - PASS      X - FAIL</div> <div>TOTAL ENROLLED                  TOTAL PASS                  TOTAL FAIL</div>											
Name/Address/Telephone/Email ( <i>Please print legibly</i> )		Date of Birth YY   MM   DD									
1		/	/								
		Lifesaving Society ID #									
		Prerequisite(s):									
		Date earned:					Date earned:				
		Location:					Location:				
2		/	/								
		Lifesaving Society ID #									
		Prerequisite(s):									
		Date earned:					Date earned:				
		Location:					Location:				
3		/	/								
		Lifesaving Society ID #									
		Prerequisite(s):									
		Date earned:					Date earned:				
		Location:					Location:				

# LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic Exam date: YY MM DD Facility name (e.g., name of pool)				Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
Lifesaving Society Trainer's name		ID#									
Signature											
Apprentice's Name		ID#									
✓ - PASS      X - FAIL Name/Address/Telephone/Email ( <i>Please print legibly</i> )			Date of Birth YY MM DD								
			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): Date earned:      Date earned: Location:      Location:								
			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): Date earned:      Date earned: Location:      Location:								
			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): Date earned:      Date earned: Location:      Location:								
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			Prerequisite(s): Date earned:      Date earned: Location:      Location:								
			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): Date earned:      Date earned: Location:      Location:								