

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 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 _____			Affiliate Contact Person _____ () _____ Telephone _____ Email _____ All candidates shown as passed have completed all items to the required standard.									
Exam date: _____ YY MM DD			Lifesaving Society Trainer's name _____ ID# _____ Email _____ () _____ Telephone _____ Signature _____									
Street address _____			Apprentice's Name _____ ID# _____ () _____ Telephone _____									
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												
✓ - PASS X - FAIL												
TOTAL ENROLLED _____ TOTAL PASS _____ TOTAL FAIL _____												
Name/Address/Telephone/Email (Please print legibly)			Date of Birth YY MM DD		Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
1			/ / Lifesaving Society ID # _____		Prerequisite(s): _____ Date earned: _____ Location: _____							
2			/ / Lifesaving Society ID # _____		Prerequisite(s): _____ Date earned: _____ Location: _____							
3			/ / Lifesaving Society ID # _____		Prerequisite(s): _____ Date earned: _____ 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 (Please print legibly)		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: _____					
				/ /									
				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: _____					