



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 _____ 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 _____ <i>All candidates shown as passed have completed all items to the required standard.</i> Lifesaving Society Trainer's name _____ ID# _____ Email _____ Telephone _____ Signature _____ Apprentice's Name _____ ID# _____ Telephone _____
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<p>✓ - PASS X - FAIL</p> <p>TOTAL ENROLLED _____ TOTAL PASS _____ TOTAL FAIL _____</p>	
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Name/Address/Telephone/Email (<i>Please print legibly</i>)	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 (<i>Please print legibly</i>)			Date of Birth YY MM DD								
<input type="checkbox"/>			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								
<input type="checkbox"/>			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____								