

New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

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|--|--|-----------------------------------|--|
| <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>		<div style="display: flex; justify-content: space-around;"> <div>Prerequisites checked</div> <div>Professional Responsibility</div> <div>Professional Knowledge</div> <div>Leadership</div> <div>Preparation and Planning</div> <div>Presentation: Teaching and Facilitating</div> <div>Evaluation</div> <div>Result</div> </div>									
Name/Address/Telephone/Email (<i>Please print legibly</i>) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 400px; height: 20px;"></div> <div style="border: 1px solid black; width: 400px; height: 20px;"></div> <div style="border: 1px solid black; width: 400px; height: 20px;"></div>		Date of Birth YY MM DD <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 400px; height: 20px;"></div>									
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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:								
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