

## 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										
<b>✓ - PASS      X - FAIL</b>										
TOTAL ENROLLED _____    TOTAL PASS _____    TOTAL FAIL _____										
Name/Address/Telephone/Email ( <b>Please print legibly</b> )			Date of Birth YY     MM     DD							
1			Prerequisites checked    Professional Responsibility    Professional Knowledge    Leadership    Preparation and Planning    Presentation: Teaching and Facilitating    Evaluation    Result							
(Lifesaving Society ID #)			(Prerequisite(s): _____ Date earned: _____ Location: _____ Date earned: _____ Location: _____)							
2			(Lifesaving Society ID #)							
(Prerequisite(s): _____ Date earned: _____ Location: _____ Date earned: _____ Location: _____)										
3			(Lifesaving Society ID #)							
(Prerequisite(s): _____ Date earned: _____ Location: _____ Date earned: _____ Location: _____)										

LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic																	
Exam date: YY MM DD			Facility name (e.g., name of pool)														
Lifesaving Society Trainer's name			ID#														
Signature																	
Apprentice's Name			ID#														
<b>✓ - PASS      X - FAIL</b>			Name/Address/Telephone/Email ( <b>Please print legibly</b> )			Date of Birth YY MM DD											
						/ /											
			Lifesaving Society ID #														
						Prerequisite(s): _____											
						Date earned: _____											
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