



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: |

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Host name (Affiliate)Telephone

Exam date: YYMMDD

Street address

CityProv.Postal code

Facility name (e.g., name of pool)Telephone

Payment information

☐ Exam fees attached☐ Exam fees not attached

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Affiliate Contact PersonTelephone

Email

All candidates shown as passed have completed all items to the required standard.

Lifesaving Society Trainer's nameID#

Email()TelephoneSignature

Apprentice's NameID#()Telephone

✓ - PASSX - FAIL

TOTAL ENROLLEDTOTAL PASSTOTAL FAIL

Name/Address/Telephone/Email (Please print legibly)

Date of BirthYYMMDD

	Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
1								
	Prerequisite(s): Date earned: Location: Date earned: Location:							
2								
	Prerequisite(s): Date earned: Location: Date earned: Location:							
3								
	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)				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:								
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