

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			Affiliate Contact Person _____ Telephone (_____) _____ Email _____ <i>All candidates shown as passed have completed all items to the required standard.</i>							
Street address _____ City _____ Prov. _____ Postal code (_____) _____ Facility name (e.g., name of pool) _____ Telephone _____			Lifesaving Society Trainer's name _____ ID# _____ Email _____ Telephone (_____) _____ Signature _____							
Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached			Apprentice's Name _____ ID# _____ Telephone (_____) _____							
✓ - PASS X - FAIL TOTAL ENROLLED _____ TOTAL PASS _____ TOTAL FAIL _____			Date of Birth YY MM DD							
Name/Address/Telephone/Email (Please print legibly)			Prerequisites checked / / Lifesaving Society ID #							
			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)														
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: _____											
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