



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: ____/____/____ 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Name/Address/Telephone/Email (<i>Please print legibly</i>)</th> <th style="width: 10%;">Date of Birth YY MM DD</th> <th style="width: 10%; transform: rotate(-90deg);">Prerequisites checked</th> <th style="width: 10%; transform: rotate(-90deg);">Professional Responsibility</th> <th style="width: 10%; transform: rotate(-90deg);">Professional Knowledge</th> <th style="width: 10%; transform: rotate(-90deg);">Leadership</th> <th style="width: 10%; transform: rotate(-90deg);">Preparation and Planning</th> <th style="width: 10%; transform: rotate(-90deg);">Presentation: Teaching and Facilitating</th> <th style="width: 10%; transform: rotate(-90deg);">Evaluation</th> <th style="width: 10%; transform: rotate(-90deg);">Result</th> </tr> <!-- Candidate 1 --> <tr> <td rowspan="3"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; padding: 2px;">/ /</div> </td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Lifesaving Society ID # _____</td> </tr> <tr> <td> Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____ </td> </tr> <!-- Candidate 2 --> <tr> <td rowspan="3"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; padding: 2px;">/ /</div> </td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Lifesaving Society ID # _____</td> </tr> <tr> <td> Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____ </td> </tr> <!-- Candidate 3 --> <tr> <td rowspan="3"> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; padding: 2px;">/ /</div> </td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td>Lifesaving Society ID # _____</td> </tr> <tr> <td> Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____ </td> </tr> </table>	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	<div style="border: 1px solid black; padding: 2px;">1</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px;">/ /</div>									Lifesaving Society ID # _____	Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____	<div style="border: 1px solid black; padding: 2px;">2</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px;">/ /</div>									Lifesaving Society ID # _____	Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____	<div style="border: 1px solid black; padding: 2px;">3</div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px;">/ /</div>									Lifesaving Society ID # _____	Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____
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LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic				Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
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 (<i>Please print legibly</i>)				Date of Birth YY MM DD							
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