

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