

## New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Assistant Instructor                          | <input type="checkbox"/> Examiner         | <input type="checkbox"/> Swim Instructor Update Clinic |
| <input type="checkbox"/> Swim Instructor                               | <input type="checkbox"/> Trainer          | <input type="checkbox"/> Inclusion Clinic              |
| <input type="checkbox"/> Lifesaving and Emergency First Aid Instructor | <input type="checkbox"/> National Trainer | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Standard First Aid Instructor                 |   | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> National Lifeguard Instructor                 |   |  |

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

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# _____																
<input checked="" type="checkbox"/> - PASS <input checked="" type="checkbox"/> - FAIL Name/Address/Telephone/Email ( <i>Please print legibly</i> ) _____	Date of Birth YY MM DD _____																
<input type="checkbox"/>	/ /																
	Lifesaving Society ID # _____																
	Prerequisite(s): _____																
	Date earned: _____																
	Location: _____																
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