

Coach Trainer Training Record

Name:	Lifesaving Society ID #:
Permanent Address:	City:
Province:	Postal Code:
Phone #:	Businesses Phone #:
Email:	Date of Birth (YYYY/MM/DD):

Prerequisites

Current Lifesaving Sport Coach Level 1 (or higher) certification date: _____

Trainer Clinic

I certify that the individual identified above has successfully completed a Lifesaving Society Instructor Trainer Clinic and has been successfully evaluated on Leadership, Participation, Preparation, Evaluation, and Use of Resources.

Clinic Provincial Trainer:	Lifesaving Society ID #:
Clinic Location:	Clinic Date:
Provincial Trainer Signature:	Phone #:

Apprenticeship Experiences *This must be done with a current, experienced Coach Trainer*

Course Content Areas	Teaching	Evaluating	Knowledge	Management	Date	Trainer Signature & ID #
Introduction to Lifesaving Sport						
Coaching Fundamentals						
Competitive Skills and Techniques						
Athlete Preparation						
Planning						
Teaching Coach candidates						
Evaluating Coach candidates						



Dear Trainer(s): Each topic should not be signed until all four evaluation areas are checked. Your signature indicates that the apprentice is capable of preparing and presenting the content area successfully, without supervision. Please use these charts to assist with your evaluation of and feedback to your assistant. (See Section 1 Unit 3, p. 64, Notes for Instructor Trainers.) Please give the apprentice direct feedback on each area and for every apprenticeship experience.

Specific Apprenticeship Skills	Date	Trainer Signature and ID #
Leadership		
Attend a full course		
Plan a full course schedule		
Evaluation		
Use of Resources		
Safety Supervision		

Council Chair Approval

When all above areas are complete, send this Training Record with the \$37.50 certification fee to the Lifesaving Society, 400 Consumers Road, Toronto, Ont. M2J 1P8.

Council Chair Approval:	Date:
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