

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

LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic Exam date: YY / MM / DD Facility name (e.g., name of pool)		Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
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							
4		/	/						
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
5		/	/						
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
6		/	/						
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
7		/	/						
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
8		/	/						
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					
9		/	/						
		Lifesaving Society ID #							
		Prerequisite(s): _____							
		Date earned: _____		Date earned: _____					
		Location: _____		Location: _____					