

Trainer Candidate Development Plan

Last name:	Given name:
Permanent Address:	City:
Province:	Postal Code:
Lifesaving Society ID #:	Email:
Home Phone #:	Business Phone #:

Trainer Course

Course Location:	Course date:
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Development Plan *(to be developed by the Trainer Candidate with the National Trainer)*

Trainer Candidate Signature:	National Trainer name and Signature:
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Trainer Process & Prerequisites – *Select preferred stream*

- Bronze Examiner + Trainer Course + Apprenticeship = Lifesaving Instructor Trainer
- Lifesaving Swim Instructor* + Trainer Course + Apprenticeship = Swim Instructor Trainer
* 100 hours of teaching Swim for Life
- First Aid Examiner + Trainer Course + Apprenticeship = First Aid Instructor Trainer
- National Lifeguard Examiner + Trainer Course + Apprenticeship = National Lifeguard Instructor Trainer