

New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

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|--|---|--|
| <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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✓ - PASS X - FAIL 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:						Location:				
2	/ /									
Lifesaving Society ID #										
Prerequisite(s):										
Date earned:						Date earned:				
Location:						Location:				
3	/ /									
Lifesaving Society ID #										
Prerequisite(s):										
Date earned:						Date earned:				
Location:						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: _____																
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