

## New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Assistant Instructor          | <input type="checkbox"/> Officials Instructor | <input type="checkbox"/> Aquatic Supervisor Instructor       | <input type="checkbox"/> Examiner         | <input type="checkbox"/> Swim Instructor Update Clinic |
| <input type="checkbox"/> Swim Instructor               | <input type="checkbox"/> Coach Level 1        | <input type="checkbox"/> Pool Operator Instructor            | <input type="checkbox"/> Trainer          | <input type="checkbox"/> Inclusion Clinic              |
| <input type="checkbox"/> Lifesaving Instructor         | <input type="checkbox"/> Coach Level 2        | <input type="checkbox"/> Aquatic Safety Auditor Instructor   | <input type="checkbox"/> National Trainer | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> First Aid Instructor          |   | <input type="checkbox"/> Aquatic Safety Inspector Instructor |   | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> National Lifeguard Instructor |   | <input type="checkbox"/> SEE Auditor 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    Professional Responsibility    Professional Knowledge    Leadership    Preparation and Planning    Presentation: Teaching and Facilitating    Evaluation    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: _____			Location: _____			
2	/	/									
		Lifesaving Society ID #									
		Prerequisite(s): _____			Date earned: _____			Location: _____			
3	/	/									
		Lifesaving Society ID #									
		Prerequisite(s): _____			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: _____      Date earned: _____								
.....	Location: _____      Location: _____								
<input type="checkbox"/>	/ /								
.....	Lifesaving Society ID # _____								
.....	Prerequisite(s): _____								
.....	Date earned: _____      Date earned: _____								
.....	Location: _____      Location: _____								
<input type="checkbox"/>	/ /								
.....	Lifesaving Society ID # _____								
.....	Prerequisite(s): _____								
.....	Date earned: _____      Date earned: _____								
.....	Location: _____      Location: _____								
<input type="checkbox"/>	/ /								
.....	Lifesaving Society ID # _____								
.....	Prerequisite(s): _____								
.....	Date earned: _____      Date earned: _____								
.....	Location: _____      Location: _____								
<input type="checkbox"/>	/ /								
.....	Lifesaving Society ID # _____								
.....	Prerequisite(s): _____								
.....	Date earned: _____      Date earned: _____								
.....	Location: _____      Location: _____								