

INSTRUCTOR TRAINER TRAINING RECORD - B.O.A.T.

Last Name First Given Name						Birth Date YY/MM/DD	
Permanent Address							
City	Province	Province Postal Code		Lifesaving Soc	Lifesaving Society ID # (If Known)		
City							
Home Phone # Business Phone		∍# Em		Email address			
1. Prerequisites							
Current B.O.A.T. Instructor – appointment date							
2. Trainer Clinic							
I certify that the individual identified above has successfully completed a Lifesaving Society Instructor Trainer course and has been successfully evaluated on							
Leadership, Participation, Preparation, Evaluation, and Use of Resources. Clinic Provincial Trainer: Lifesaving Society ID #:							
Clinic Provincial Trainer: Lifesaving Society ID #: Clinic Location: Clinic Date:							
3. Apprenticeship Experience (This must be done with a current experienced B.O.A.T. Instructor Trainer.)							
Course Content Areas Teaching		g Evaluatin	g	Knowledge	Management	Date	Trainer Signature & ID #
BOAT Instructor Role & Responsibi	ility						
BOAT Award							
BOAT Courses							
BOAT Course Management							
Teaching BOAT candidates							
Evaluating BOAT candidates							
Dear Trainer (s): Each topic should not be signed until all four evaluation areas are checked (3). 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 Apprentice Skills		Date	Date		ature & Phone #		
Leadership							
Attend a Full Course		<u> </u>					
Plan a Full Course Schedule	<u> </u>				_		
Evaluation							
Use of Resources							
Safety Supervision							
4. Council Chair Approval When all above areas are complete, send this Training Record with the \$25.50 certification fee to the Lifesaving Society, 400 Consumers Road, Toronto, Ont. M2J 1P8.							
Council Chair Approval: Date							

400 Consumers Road, Toronto, Ontario M2J 1P8 Tel: 416-490-8844 Fax: 416-490-8766 Email: <u>experts@lifeguarding.com</u> www.lifesavingsociety.com