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Expérience

É?	?	E [®] ?	s?
Évaluateur des niveaux de bronze			
É Évaluateur en premiers soins			
É Évaluateur Sauveteur national			

Référence (Veuillez fournir le nom d'une personne qui peut être contactée par le bureau de la Société de sauvetage et qui pourra offrir un point de vue sur vos capacités de mentorat.)

Nom :	Poste :
Courriel :	Téléphone :

Experience and Skills

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Please send completed application to the Lifesaving Society office.

For Office Use

Date application received:	Application sent to:
Approved application received:	Examiner Mentor status entered:

For Program Manager Use

Application reviewed	<input type="checkbox"/> Applicant ready	<input type="checkbox"/> Applicant not ready (follow-up with applicant)
If not ready, provide reason		
Learning opportunity	<input type="checkbox"/> Provided	Date completed:
Examiner Mentor assessment	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved (follow-up with applicant)
If not approved, provide reason		

I certify that the examiner listed above has successfully completed the learning opportunity and Examiner Mentor assessment. My signature below indicates that I am appointing them as an Examiner Mentor.

Program Manager Name:	Date:
Signature:	