



LIFESAVING SOCIETY

The Lifeguarding Experts

INSTRUCTOR TRAINER TRAINING RECORD – NATIONAL LIFEGUARD

| | | | | | |
|-------------------|------------------|------------------|---------------|------------------------------------|--|
| Last Name | | First Given Name | | Birth Date YY/MM/DD | |
| Permanent Address | | | | | |
| City | | Province | Postal Code | Lifesaving Society ID # (If Known) | |
| Home Phone # | Business Phone # | | Email address | | |

1. Prerequisites
 Current National Lifeguard Examiner – 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 Location: _____ Clinic Date: _____
 Provincial Trainer Signature: _____ Phone : _____

3. Apprenticeship Experiences (This must be done with a current experienced National Lifeguard Instructor Trainer.)

| Course Content Areas | Teaching | Evaluating | Knowledge | Management | Date | Trainer Signature & ID # |
|--|----------|------------|-----------|------------|------|--------------------------|
| Instructor Role & Responsibility | | | | | | |
| National Lifeguard Award | | | | | | |
| National Lifeguard Course | | | | | | |
| Course Management | | | | | | |
| Teaching National Lifeguard candidates | | | | | | |
| Evaluating National Lifeguard 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 | Trainer Signature & Phone # |
|-----------------------------|------|-----------------------------|
| Leadership | | |
| Attend a Full Course | | |
| Plan a Full Course Schedule | | |
| Evaluation | | |
| Use of Resources | | |
| Safety Supervision | | |

4. Payment and Approval
 When all above areas are complete, send this Training Record with the appropriate certification fee to the Lifesaving Society at:
 70 Melissa St, Fredericton, NB, E3A 6W1.

For Office Use Only
 Program Manager _____ Date _____
 Print Name Signature