



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 201-11 Austin St., St. John's, NL A1B 4C1.

For Office Use Only

Program Manager _____ Date _____
Print Name Signature

**201-11 Austin Street, St. John's
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Email: info@lifesavingnb.ca
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