



LIFESAVING SOCIETY
Newfoundland and Labrador

APPLICATION TO ATTEND INSTRUCTOR TRAINER CLINIC

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Telephone: Home: _____ Work: _____

Email: _____

PREREQUISITES:

Instructor (Lifesaving, NLS or AEC) award holders wishing to become Instructor Trainers may apply to attend an Instructor Trainer Clinic *if* the candidate meets the following prerequisites:

- current Lifesaving /CPR Instructor award
- current Examiner award
- at least 2 years teaching experience at the Bronze level or comparable experience; ie. Red Cross Water Safety Instructor Trainer, First Aid Instructor Trainer, etc.
- successfully complete application and screening process

To help us verify your prerequisites, please complete the following information:

Date of Birth: _____

Current Lifesaving Instructor Award: Expiry Date: _____

Other current Instructor Award(s)?

1. NLS Instructor Expiry Date: _____

2. AEC Instructor Expiry Date: _____

Advanced Instructor: Award Date: _____ Location: _____

Examiner Award(s); ie. Bronze, Distinction, Diploma, NLS or AEC Examiner:

Award: _____ Expiry Date: _____

Award: _____ Expiry Date: _____

TEACHING EXPERIENCE:

When did you start teaching? _____ Number of years teaching experience: _____

Describe your LIFESAVING SOCIETY teaching experience, especially at or above the Bronze awards. Include this information: award, date and location. If you have been teaching for more than 2 years, focus on your last 2 years experiences.

Describe any other teaching experience and/or awards that you think may be relevant to an Instructor Trainer.

How has your teaching experience prepared you to teach Instructor candidates?

Please describe the types of Leadership training (LIFESAVING SOCIETY and other organizations) with which you have been involved. How do you think this experience can help you to be an Instructor Trainer?

RELATED EXPERIENCE:

Please describe any other experiences that you think may be useful to you as an Instructor Trainer. This could include post secondary education, other leadership training or activities, aquatic conferences, etc.

REFERENCES: please list only individuals who can comment on your skills as an instructor.

Name	Relationship	Telephone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Send the completed application and a current personal resume to:

LIFESAVING SOCIETY Newfoundland & Labrador Branch
PO Box 8065, Station A, St. John's, NF A1B 3M9
Tel: (709) 576-1953 Fax: (709) 738-1475
Email: lifeguard@seascape.com Website: <http://lifesaving.nfld.net>

Your application will be reviewed and you will be notified about the result. If your application is accepted, you may register for the Instructor Trainer Clinic.