LIFESAVING SOCIETY®
The Lifeguarding Experts

Instructor Trainer

Side 1: Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Lifesaving Society 1	Teaching 2	Communication 3	Class Management 4	Planning 5	Evaluation 6	Result
1 Sex M F Name Address City Postal code E-mail Telephone									
2 Sex M F Name Address City Postal code E-mail Telephone									
3 Sex M F Name Address City Postal code E-mail Telephone									
4 Sex M F Name Address City Postal code E-mail Telephone									
5 Sex M F Name Address City Postal code E-mail Telephone									
6 Sex M F Name Address City Postal code E-mail Telephone									

☐ Check box if there are more candidates on the reverse side of this page.
This test sheet is page ___ of ___ pages.

✓ Satisfactory Performance **F** Fail Total Pass for Course ☐ Total Fail for Course ☐

Branch Trainer Information

Branch Trainer's Name ID#

E-mail
( )
Telephone Signature

Branch Trainer's Name ID#

E-mail
( )
Telephone Signature

Awards information

☐ Awards issued by affiliate
☐ Awards not issued

Course Information

Start Date: YY MM DD End Date: YY MM DD

( )
Facility name Telephone

Payment information

☐ Exam fees attached
☐ Exam fees not attached

Send invoice or receipt to

( )
Affiliate Telephone

Address

City Province Postal code

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. ***Retain one copy for your records.*** *Do not sent cash by mail.*

LIFESAVING SOCIETY®
The Lifeguarding Experts

Instructor Trainer

Side 2: Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Lifesaving Society 1	Teaching 2	Communication 3	Class Management 4	Planning 5	Evaluation 6	Result
7 Sex M F Name Address City Postal code E-mail Telephone									
8 Sex M F Name Address City Postal code E-mail Telephone									
9 Sex M F Name Address City Postal code E-mail Telephone									
10 Sex M F Name Address City Postal code E-mail Telephone									
11 Sex M F Name Address City Postal code E-mail Telephone									
12 Sex M F Name Address City Postal code E-mail Telephone									

☐ Check box if there are more candidates on the reverse side of this page.
This test sheet is page ___ of ___ pages.

✓ Satisfactory Performance **F** Fail Total Pass for Course ☐ Total Fail for Course ☐

Course information

Start Date: _____ End Date: _____
YY MM DD YY MM DD

Facility name ( ) Telephone

Please complete BranchTrainer, Awards and Payment information sections on Side 1 of test sheet. *Host name, Course information, and Branch Trainer sections must be completed on both sides 1 and 2 of the test sheet.*

Branch Trainer Information

Branch Trainer's Name ID#

E-mail
( ) Telephone Signature

Branch Trainer's Name ID#

E-mail
( ) Telephone Signature

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. ***Retain one copy for your records.*** *Do not sent cash by mail.*