



LEADERSHIP COURSE APPLICATION FORM

Name: _____

Address: _____

Telephone:(home)_____ (work)_____

E-mail:_____

Which course(s) do you want to attend?

- EXAMINER STANDARDS
 NATIONAL LIFEGUARD SERVICE INSTRUCTOR
- AQUATIC EMERGENCY CARE INSTRUCTOR

QUALIFICATIONS:

Current NLS Award	Certification Date:_____
Current AEC Award	Certification Date:_____
Current CPR/Standard First Aid Certification:	Certification Date:_____
Lifesaving/CPR Instructor Certification:	Certification Date:_____

How long have you held the NLS award and which option (s) do you hold? _____

How long have you held the LSS Instructor award? _____

What is your experience in teaching or administering LSS courses? (which course have you taught, how many, where and when)

List any other aquatic qualifications.

Please return this registration form to the Lifesaving Society office as soon as possible for screening. You will be contacted by the Society with confirmation of entrance into the course(s) open to you.

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