

Trainer Test Sheet - Original or Recert

PAGE ____ OF ____

Course Information	
EXAM DATE YY / MM / DD	
AFFILIATE NAME	
TRAINER (1) NAME	
SIGNATURE	
TRAINER (2) NAME	
SIGNATURE	

NAME	
DATE OF BIRTH YY / MM / DD	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	
CITY	P.C. PH.
E-MAIL	

NAME	
DATE OF BIRTH YY / MM / DD	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
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CITY	P.C. PH.
E-MAIL	

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ADDRESS	
CITY	P.C. PH.
E-MAIL	

Prerequisites Checked	Planning	Evaluating	Presentation Skills	Lifesaving Society Knowledge	Curriculum Knowledge	Learner Characteristics	Health and Safety	Facilitating and Mentoring	Ethnic and Valuing Diversity	Communicating	Teamwork and Collaboration	Problem Solving and Decision Making	Skill Demonstration	Result
	1	2	3	4	5	6	7	8	9	10	11	12	13	

<input type="checkbox"/> Society Support Recommended													
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<input type="checkbox"/> Society Support Recommended													
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This page may be used for additional Leadership Candidates.