



Trainer Test Sheet - Original or Recert

PAGE 1 OF ____

COURSES **O** **R**
Trainer
National Trainer

* Please print each candidate's name and contact information legibly.

	Prerequisites Checked	1	2	3	4	5	6	7	8	9	10	11	12	13	Result
	Planning	Evaluating	Presentation Skills	Lifesaving Society Knowledge	Curriculum Knowledge	Learner Characteristics	Health and Safety	Facilitating and Mentoring	Ethics and Valuing Diversity	Communicating	Teamwork and Collaboration	Problem Solving and Decision Making	Skill Demonstration		
NAME															
DATE OF BIRTH YY / MM / DD	GENDER <input type="checkbox"/> M <input type="checkbox"/> F														
ADDRESS															
CITY	P.C.	PH.													
E-MAIL	Development Plan: <input type="checkbox"/> Approved <input type="checkbox"/> Requires further review														
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✓ Satisfactory Performance F Fail Total Pass _____ Total Fail _____

TRAINER (1) INFORMATION		TRAINER (2) INFORMATION	
TRAINER'S NAME	ID#	TRAINER'S NAME	ID#
E-MAIL	PH.	E-MAIL	PH.
SIGNATURE		SIGNATURE	

COURSE INFORMATION

YY / MM / DD

FACILITY NAME PH.

AFFILIATE NAME PH.

Mail completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for affiliate records. Do not send cash by mail.

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PAGE ____ OF ____

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

Prerequisites Checked	Planning	Evaluating	Presentation Skills	Lifesaving Society Knowledge	Curriculum Knowledge	Learner Characteristics	Health and Safety	Facilitating and Mentoring	Ethics and Valuing Diversity	Communicating	Teamwork and Collaboration	Problem Solving and Decision Making	Skill Demonstration	Result
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This page may be used for additional Leadership Candidates.