LIFESAVING SOCIETY
SOCIÉTÉ DE SAUVETAGE
The Lifeguarding Experts
Les experts en surveillance aquatique

Revised March 2017

Candidate Information & Prerequisite Form

Candidate Information - To be completed by Candidate

Please Print Clearly:

Name: _____

Mailing Address: _____

City/Province: _____

Postal Code: _____

Telephone: _____	Date of Birth:	Day	Month	Year
E-Mail:				

Emergency Contact & Phone Number:

Do you have any medical conditions that you wish the instructor to know about? Yes ☐ No ☐
If yes, please explain:

If needed continue on back of page

Prerequisites Check List - To be completed by Instructor/Trainer

Proof of Age
(If applicable)

Please check which one was seen
(Must include candidate's date of birth to be acceptable)

- ❑ *Driver's License*
- ❑ *Birth Certificate*
- ❑ *Manitoba Medical Card*
- ❑ *Passport*
- ❑ *Other*

_____

Do not make or keep any photo copies of age pre-requisites

Seen By: _____

Signature: _____

Standard First Aid
(If applicable)

(Must be recognized by Manitoba Workplace Safety & Health)

- ❑ *Lifesaving Society AEC*
- ❑ *Lifesaving Standard First Aid*
- ❑ *Red Cross Standard First Aid*
- ❑ *St. Johns Ambulance Standard First Aid*
- ❑ *Criti Care Standard First Aid*
- ❑ *Other*

_____

Attach a photo copy of any certification not issued by the Lifesaving Society Manitoba Office

Seen By: _____

Signature: _____

Lifesaving Award
(If applicable)

- ❑ *Bronze Star*
- ❑ *Bronze Medallion*
- ❑ *Bronze Cross*
- ❑ *Distinction*
- ❑ *National Lifeguard*
- ❑ *Instructor Certification (Level)*

_____

- ❑ *First Aid Update 2016*
- ❑ *Other*

_____

Attach a photo copy of any certification not issued by the Lifesaving Society Manitoba Office

Seen By: _____

Signature: _____

This form must be retained in your files and where appropriate, returned with the test sheet to:
The Lifesaving Society – Manitoba Branch 100 – 383 Provencher Blvd. Winnipeg, Manitoba R2H 0G9