****

**2019 Sail Canada Learning Facilitator Clinic**

**Candidate Application**

Please submit application along with a Sailing Resume to Cam Lymburner at Ontario Sailing cam@ontariosailing.ca

PSA approved applications will be forwarded to Sail Canada for review.

**Please review the Sail Canada CAN*Sail* Learning Facilitator Eligibility Criteria prior to submitting your application.**

**Preferred Clinic Location: Ontario, Buffalo Canoe Club (April 24-28, 2019)**

*(A minimum number of candidates will be required in order for each clinic to run)*

####

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth (dd/mm/yy):\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province:\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_**

**Telephone:(h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAN*Sail*#:\_\_\_\_\_\_\_\_\_\_\_\_ NCCP#:\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor / Coach Certifications – Please list your Instructor/Coach certifications and details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Certification** | **Location of Course (Province)** | **Learning Facilitator / Instructor Evaluator** | **Status (Complete / Incomplete)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### **Previous Teaching Experience – Please list your Instructing / Coaching Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Name & Address of school or club** | **Level of Sail Canada** **Course taught** | **Name of Director** |
|  |  |  |  |

##### Why do you want to become a Learning Facilitator?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Previous IDP / CDP Experience (To be completed by re-certifying LFs / IEs only):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Level of Course Taught** | **Location of course** | **LF(s)/IE(s) you taught with**  |
|  |  |  |  |

Names of references who are knowledgeable of your instructing skills and character may be contacted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position or Relationship to Applicant** | **Phone Number** | **Email Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

###### RELEASE

**I certify that the information here in is accurate. I understand that by signing and submitting this form I give permission to Sail Canada to contact, in addition to the character references, any of the individuals, schools or clubs named above to verify the information provided. I understand that I am responsible for my behaviour and liable for any damages to property caused by me.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**