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**2023 Sail Canada Learning Facilitator Clinic**

**Candidate Application**

Please submit your application along with a Sailing Resume to your Provincial Sailing Association (PSA).

Please contact your PSA for additional application details.

PSA approved applications must 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: X Ontario (Buffalo Canoe Club- April** 19 - 23, 2023**)**

*(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)** |
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### **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** |
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##### 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** |
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###### RELEASE

**I certify that the information herein 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 the property caused by me.**

 **Signature Date**