



Sail Canada

Application for LTC & LTP Instructor Evaluator Clinic

Submit applications to Instructor@sailing.ca and cruising@sailing.ca by November 18, 2021

Clinic dates: February 18-20 2022, planned location Vancouver BC.

Please indicate whether you are applying to become a: **Basic IE**____ or a **Senior IE**____

Name: _____ Instructor #: _____

Address: _____

City: _____ Province: _____ Postal: _____

Phone (H): _____ (W): _____

Fax: _____ e-mail: _____

Occupation: _____

In the event of an emergency, please contact: _____ Relationship: _____

Address: _____ Phone (H): _____ (W): _____

Do you have any physical disability or limiting medical condition? _____

List other Sailing or Yachting Association that you are affiliated with: _____

PREREQUISITES

Please attach photocopies of all certificates and licenses. For Sail Canada Instructor levels, if you have more than six, list the highest levels first.

Sail Canada Instructor Level(s): _____ Location _____ Year _____ IE _____

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Sail Canada Instructor Level(s): _____ Location _____ Year _____ IE _____

First Aid (Minimum Standard Level) Type: _____ Date Issued(M/Y) _____

CPR (Minimum Level "A") Type: _____ Date Issued(M/Y) _____

VHF/DSC License Issuer: _____ Date Issued(M/Y) _____

Pleasure Craft Operator Card Issuer: _____ Card #: _____

TEACHING EXPERIENCE

List the name(s) of sailing schools worked at including contact information, and student information.

Year	School	Location	Contact	Phone	Levels Taught	Number of Programs	Number of Students



ADDITIONAL QUALIFICATIONS

Please list any non-Sail Canada courses that you have completed to enhance your qualifications.

Year	Course Name	Course Location	Course Provider	Topics Covered	Course Duration

Do you have any related skills and/or technical experience? _____

Do you have any other teaching or educational experience? _____

Current IEs - INSTRUCTOR CANDIDATES EVALUATED

Re-certifying or Upgrading candidates only - Please list all instructor candidates you have certified or re-certified in the last three years starting with the most recent. Also include samples of instructor evaluation reports.

Year	Location	Level	Cert or Re-cert	Candidates Name	Successful or Unsuccessful



RECOMMENDATION (for New IE candidates only)

I hereby provide an unqualified recommendation to Sail Canada for this candidate to become a LTC/LTP Instructor Evaluator. I have personally observed the candidate's seamanship practices and sailing ability and am confident that he/she possesses the knowledge of Sail Canada standards and policies, including the ability to teach and evaluate them.

IE's Name, Print: _____ Sign: _____ Date: _____

DISCLAIMER & AGREEMENT

I hereby understand that the selection of candidates for attendance at a Sail Canada IE clinic is by invitation of Sail Canada. If selected, I will participate at my sole risk and responsibility and agree to abide by the rules and regulations of the Sail Canada and the host organization. I voluntarily waive any rights of actions against Sail Canada, the host organization and/or any course conductors for any injuries, damages or losses that my property or I might sustain. I hereby certify that all the foregoing information is true and correct and agree to uphold Sail Canada policy.

Name, Print: _____ Sign: _____ Date: _____

RETURN INFORMATION

Please email completed form including additional information and prerequisites to Sail Canada by **November 18th 2021. Candidates accepted to the clinic will be notified.**

Sail Canada

53 Yonge Street, Kingston, ON, K7M 6G4

Email responses to: instructor@sailing.ca and cruising@sailing.ca

Fax – 613-545-3045