



# Sail Canada

Application for 2023/2024 LTC & LTP Instructor Evaluator Clinic

Submit applications to [Instructor@sailing.ca](mailto:Instructor@sailing.ca) and [cruising@sailing.ca](mailto:cruising@sailing.ca) by August 30, 2023

Note: this clinic will be conducted primarily in English.

Clinic dates: Late Fall 2023/Winter 2024, planned location Eastern Canada – location TBD

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 \_\_\_\_\_

Sail Canada Instructor Level(s): \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ IE \_\_\_\_\_

Sail Canada Instructor Level(s): \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ IE \_\_\_\_\_

Sail Canada Instructor Level(s): \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ IE \_\_\_\_\_

Sail Canada Instructor Level(s): \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ IE \_\_\_\_\_

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 **August 30, 2023. Candidates accepted to the clinic will be notified.**

**Sail Canada**

53 Yonge Street, Kingston, ON, K7M 6G4

Email responses to: [instructor@sailing.ca](mailto:instructor@sailing.ca) and [cruising@sailing.ca](mailto:cruising@sailing.ca)

Fax – 613-545-3045