**Prüfungskarte für den Erwerb des Ausbilders Schwimmens**

**Anwärter**

Lichtbild

Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Vorname: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Geboren am: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

In: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Straße: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

PLZ, Wohnort: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Tel.-Nr. p: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_d: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

m: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

E-Mail: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Mitglied seit: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Nr.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

In: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Ich erkenne die Prüfungsordnung und die Ausführungsbestimmungen der DLRG an und verpflichte mich, als Ausbilder bei der Ausbildung und Prüfungsabnahme danach zu verfahren.

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Ort, Datum, Unterschrift des Anwärters

**Voraussetzungen für die Zulassung zur Prüfung:**

Achtung! Folgende Unterlagen müssen beigefügt sein:

|  |  |  |
| --- | --- | --- |
| * Nachweis über den Ausbildungsassistenten Schwimmen |  |  |
| * Nachweis über die Teilnahme am Gemeinsamen Grundausbildungsblock |  |  |
| * Nachweis über die Teilnahme an der Fachausbildung Schwimmen |  |  |
| * Nachweis über den Erste Hilfe Lehrgang (nicht älter als 2 Jahre) |  |  |
| * Nachweis DRSA Silber (nicht älter als 2 Jahre) |  |  |
| * Nachweis der Mitgliedschaft oder Bestätigung der fachspezifischen Tätigkeit im öffentlichen Dienst |  |  |
| * Personalbogen mit Kurzbeurteilung der örtlichen Gliederung oder der Dienststelle des öffentlichen Dienstes |  |  |
| * Selbsterklärung Gesundheitszustand |  |  |

**Erklärung der Gliederung bzw. Stelle des öffentlichen Dienstes:**

Die Teilnahme an der Prüfung wird befürwortet:

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  
Ort, Datum, Gliederung / Stelle des öffentl.Dienstes, Unterschrift

**Ausfertigungsstelle**

Registriernummer: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Ausgehändigt am: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Ergebnis der Ausbilderprüfung am:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **in:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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| --- | --- | --- | --- | --- |
| **Art der Prüfungsleistung** | Punkte | **Prüfungskommission** | | |
| 1. Lehrprobe im Schwimmen |  | Name | Prüfer-Nr. | Unterschrift |
| 2. Lehrprobe im Schwimmen |  |  |  |  |
| Schriftliche Darlegung eines Ausbildungskonzeptes |  |  |  |  |
| Fragebogen |  |  |  |  |
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Gesamtergebnis Bestanden: ja □ nein: □