



BAP EVALUATOR COURSE REPORT

BAP Level Evaluator 1 2 3		Course Date(s)	BTS Course No.	Page _____ of _____
Brigade Unit(s)				
Mailing Address			City/Town	
Province	Postal Code	Telephone	Fax	
Supervising Officer (Print name and sign)		Appointment	Headquarters	
Evaluators (Print name and sign)		Qualifications	Headquarters	
1.				
2.				
3.				
4.				
5.				
6.				

Instructions for Completion

1. Complete course information area above. Please PRINT in ink or TYPE.
2. List all candidates on reverse side.
3. Indicate performance for each candidate for each area (written, CPR, practical and overall).
4. Supervising officer and all evaluators must SIGN the form.
5. Supervising officer (or designate) sends original of this form to Area Training Officer.
6. Area Training Officer reviews and forwards original form and original Evaluator Application forms to:

Provincial Staff Officer, BTS/BAP
St. John Ambulance Brigade
46 Wellesley Street East
Toronto, Ontario M4Y 1G5

BTS Level Evaluated 1 2 3	Course Date(s)	BTS Course No.	Page _____ of _____
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#	I.D. Number	Member Name	Unit	CPR	Written	Practical	A/U
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Number of Members Acceptable	
Number of Members Unacceptable	
Total Number of Members Evaluated	

Signature of Supervising Evaluator _____