



# Course Registration Form

## IRISH WATER SAFETY NATIONAL BEACH / RIVER LIFEGUARD COURSE

### NATIONAL SURF INSTRUCTOR BEACH SAFETY COURSE

This form should be completed and forwarded to IWS National Office at least 14 days in advance of the start date of a BLG course. **Course Providers will forward details to relevant WSAC's.**  
(All Providers/Organisers must be IWS members)

**Beach/River Lifeguard Course**

**Or Beach/River Lifeguard Revalidation Course**

**Or Surf Instructor Beach Safety Course**

### Course Details

**Organised by:** 1. WS Area Committee  2. IWS Approved Provider   
3. IWS Approved Organisation  (tick appropriate box)

**Proposed starting date:** \_\_\_\_\_ **Proposed concluding date:** \_\_\_\_\_

**Course Organiser:** \_\_\_\_\_

**Name of Course Tutors:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

\_\_\_\_\_ **Tel #:** \_\_\_\_\_

**Name of Course Examiners:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

\_\_\_\_\_ **Tel #:** \_\_\_\_\_

**Number of candidates:** \_\_\_\_\_ **Number of BLG Manuals required:** \_\_\_\_\_

**No. Revalidating:** \_\_\_\_\_

**Number of Theory Hours:** \_\_\_\_\_ **Number of Land Practical/BLS Hours:** \_\_\_\_\_

**Total Number of Pool Hours:** \_\_\_\_\_ **Total Number of Beach/River Hours:** \_\_\_\_\_

**Course Organiser Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_ **E-mail.** \_\_\_\_\_

### Venue Details

\_\_\_\_\_  
\_\_\_\_\_

**Course approved: Yes/No**

**WSAC Notified: Yes/No**

**Ratified by National Office (Date):** \_\_\_\_\_

**HQ use only**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lt. Cdr. John F.M. Leech**  
Chief Executive Officer