



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: _____ **No. of First Aid Manuals req.:** _____
(Unfortunately we cannot accept returns)

Number of Land Practical/BLS Hours: _____

Number of Theory Hours: _____

Total Number of Pool Hours: _____ **Total Number of Beach/River Hours:** _____

Course Organiser Signature: _____

Shipment Address: _____

Phone No. _____ **Fax No.** _____ **E-mail.** _____

Venue Details

Course approved: Yes/No

WSAC Notified: Yes/No

Ratified by National Office (Date): _____

I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.

HQ use only

Signature: _____ **Date:** _____

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