



CFR RESPONDER COURSE REGISTRATION ACCEPTANCE FORM

This form should be completed and forwarded to IWS National Office at least 14 days in advance of the start date of a CFR course. *Schedule of certificate fees available from IWS Head Office*
(Certificates will be issued upon receipt of all completed course return forms)

CFR Community
IWS Instructor CFR Up-skill Course
CFR Instructor course

Course Details

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

Course details

Course Organiser _____

Instructor(s) _____

Course director _____

Number of Participants: _____ Total Number of Hours _____

Proposed Starting Date: _____ Proposed concluding date: _____

Suitable Venue, please name venue _____ County: _

Course Organiser Signature: _____

Address: _____

Phone No. _____ E-mail. _____

CFR Course Ratio Student to Instructor is set at 6:1
Maximum Ratio for Practical Skills Station is set at 3:1

For official use only

Signature: _____ **Date:** _____

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

Co

Suitable teaching venues for CFR courses where students will be for approximately 4 hours will need to meet basic standards.