



# Course Registration Form

## IWS National Pool Lifeguard Award

This form should be completed and forwarded to IWS National Office at least 14 days in advance of the start date of a PLG course. Course Providers must forward details to relevant WSACs. (All providers/organisers must be IWS members) Fee: €30 per participant (New & revalidating), €20 per manual, (excl. €10.00 First Aid) plus postage. Certificates will not be issued until all invoices pertaining to courses are paid. Unfortunately we cannot accept returns.

**(Please tick appropriate boxes)**

National Pool Lifeguard Award  or National Pool Lifeguard Award Revalidation

Level 1 (depth  $\leq$  1.5m)   
(QQI Lvl 5 Shallow Water 5S18418)

or

Level 2 (depth  $>$  1.5m)   
(QQI Lvl 6 Deep Water 6S18422)

### Organised by:

1. Water Safety Area Committee  \* (must be minuted by WSAC Secretary)

2. Other\*: IWS Approved Provider  IWS Approved In-House Provider

QQI Registered Provider

**\*Ensure valid IWS insurance for providers and examiners, or provide evidence of other insurance on registration**

Proposed starting date: \_\_\_\_\_

Proposed concluding date: \_\_\_\_\_

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

(Note: Invoice issued to Course Organiser)

Name of Course Providers: \_\_\_\_\_ Tel #: \_\_\_\_\_

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

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

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

Number of candidates (New) \_\_\_\_\_ Number of PLG Manuals required: \_\_\_\_\_

Number of Candidates (Revalidating) \_\_\_\_\_ Number of First Aid manuals req.: \_\_\_\_\_

Shipment Address: \_\_\_\_\_

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

PO No. (If applicable) \_\_\_\_\_

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

Number of Theory Hours: \_\_\_\_\_ Number of Practical Hours: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

Pool Details Venue: \_\_\_\_\_

Max Pool Depth: \_\_\_\_\_ Other Pool Features: (e.g. Infant Pool, Slides) \_\_\_\_\_

Course approved? Yes/No

Lifeguard Commission Notified of Course? Yes/No

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

*HQ use only*

Signature: Lt. Cdr. John F.M. Leech  
(CEO)

Date: \_\_\_\_\_

*HQ use only*

Is Course Provider Registered and Up to Date? Yes/No

Is Examiner a Registered Provider of the Course? Yes/No