# Irish Water Safety Course Registration Form

**Swim Teacher Courses**

Irish Water Safety The Long Walk Galway

Web: [www.iws.ie](http://www.iws.ie/) Email: info@iws.ie Tel: 091 564400

Fax: 091 564700

This form should be completed and forwarded to IWS National Office at least 14 days in advance of the start date of a Swim Teacher course. **Course Providers will forward details to relevant WSACs**. All tutors must be IWS members.

*I agree to the management of my personal data in accordance with the General Data Protection Regulations*

 *(GDPR) 2018.*

Assistant Swim Teacher Course Full Swim Teacher Course

***Organised by (tick appropriate box)****;*

AWSC IWS Approved Tutor IWS Approved Organisation

***Contact Details***

Name:

Address:

Phone No:

Fax No:

E- Mail:

***Course Details***

Proposed starting date: Proposed concluding date:

Venue:

|  |  |  |
| --- | --- | --- |
| **Number of Candidates:** **Course Tutors:** \_ | **Tel No** |  |
|  | **Tel No** |  |
| **Course Examiners:**  | **Tel No** |  |
|  | **Tel No** | **\_**  |

***Timetable Details***

Theory Hours

Practical Hours

Total Hours

**Lt. Cdr. John F.M.Leech, C E O**

**Date Ratified:**

**Signature:**

***Swim Teacher Manuals Required Assistant Swim Teacher Log Books Required***

***Full Swim Teacher Log Books Required***

**Disclaimer:** Unused manuals must be returned within 28 days to receive a refund. Otherwise the full cost will apply.

***Office Use Only***