

Irish Water Safety Course Registration Form



Irish Water Safety
The Long Walk
Galway
Web: www.iws.ie
Email: info@iws.ie
Tel: 091 564400
Fax: 091 564700

Swim Teacher Courses

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 _____

Swim Teacher Manuals Required _____ Assistant Swim Teacher Log Books Required _____

Full Swim Teacher Log Books Required _____

Office Use Only

Signature: _____

Date Ratified: _____

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