Irish Water Safety Course Registration Form

Irish Water Safety

The Long Walk

Galway

Web: [www.iws.ie](http://www.iws.ie)

Email: [info@iws.ie](mailto: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**