



Irish Water Safety

Sábháilteacht Uisce na hÉireann

Trainee Examiner Course Application Form

The Long Walk
Galway
Ireland
Tel: 091 – 564400
Fax: 091 – 564700
e-mail: info@iws.ie
website: iws.ie

NAME _____

ADDRESS _____

D.O.B. _____ E-MAIL: _____

TEL NO: (HOME) _____ (WORK) _____ (MOBILE) _____

INSTRUCTOR QUALIFICATION DATE: _____

WATER SAFETY WORK LOG:

(Please attach separate sheet if required)

OTHER RELAVANT QUALIFICATIONS

I certify that the information above is correct and that I have been active as an instructor for 5 years.

I agree to participate on this course with the will, confidence and enthusiasm to take on the role of examiner within Irish Water Safety.

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

Candidates Signature: _____

Committee use only	
Approval of Area Committee	<input type="checkbox"/> Yes/No
Date of Approval	<input type="text"/>
Area Committee	
Signed by Chairman/Secretary	