



# IRISH WATER SAFETY

CUMANN SÁBHÁIL TEACHT  
UISCE

The Long Walk  
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## TRAINEE EXAMINER ASSESSMENT FORM

### CONFIDENTIAL

### **Practical Examination: Stage 11**

*NAME OF CANDIDATE:* \_\_\_\_\_

*DATE OF BIRTH:* \_\_\_\_\_

*DATE OF EXAMINATION:* \_\_\_\_\_

*NO. OF PUPILS EXAMINED:* \_\_\_\_\_

*VENUE: Indoor/Outdoor pool/  
River/ Lake at:* \_\_\_\_\_

### **Candidates Performance at Part 1 – Safety Awards Part 11 – Rescue Awards**

	<i>Yes</i>	<i>No</i>
<i>Was the self assessment a fair representation of work carried out.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Was there improvement in candidates Work the 1<sup>st</sup> and 2<sup>nd</sup> exam.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Would you be satisfied in recommending This candidate for part 111</i>	<input type="checkbox"/>	<input type="checkbox"/>

*If no, please specify*

\_\_\_\_\_

*Overall recommendation*

\_\_\_\_\_

*Examiner:* \_\_\_\_\_

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