



COURSE REGISTRATION FORM

WATER SAFETY AWARENESS COURSE

This form should be completed and forwarded to IWS National Office at least 14 days in advance of the start date of a Water Safety Awareness course. Fee: €30 per participant

Certificates will not be issued until all invoices pertaining to courses are paid.

Course Number

Water Safety Awareness Course Details

Name of IWS Approved Provider(s): _____

Provider(s) confirm: Hold Current IWS Membership Holds IWS Insurance

Type of Course (please tick one): General General & Pool

Site Specific: Beach Rivers/Streams/Fast Water Water Supply/Pumping Stations/Reservoirs Other: _____ (Specify)

Proposed start date: _____ Proposed end date: _____

Venue: _____

Number of candidates: _____ Number of Manuals required: _____

Manuals Shipping Name: _____

Address _____

Tel. no. _____ email: _____

Billing Name: _____

Address: _____

Tel. no.: _____ eMail: _____

Purchase Order Number: _____

Number of Theory Hours: _____

Course Provider(s) Signature(s): _____

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

HQ use only:

Course approved: Yes/No IWS membership/insurance confirmed

Ratified by National Office (Date): _____

Signature: _____ Date: _____

Lt. Cdr. John F.M. Leech



COURSE COMPLETION FORM

WATER SAFETY AWARENESS COURSE

PLEASE COMPLETE THIS FORM AND RETURN TO HQ ON COMPLETION OF YOUR COURSE

Certificates will not be issued until all invoices pertaining to courses are paid.

Course Number

Water Safety Awareness Course Details

Certificates Shipping Name: _____

Address: _____

Tel. no.: _____ eMail: _____

Name of IWS Approved Provider(s): _____

Type of Course (please tick one): General General & Pool

Site Specific: Beach Rivers/Streams/Fast Water Water Supply/Pumping Stations/Reservoirs Other: (Specify) _____

Course Completion Date: _____

Venue: _____

Final Number of candidates: _____

Billing Name: _____

Address: _____

Tel. no.: _____ eMail: _____

Purchase Order Number: _____

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

Course Provider(s) Signature(s): _____
