

CFR RESPONDER COURSE REGISTRATION ACCEPTANCE FORM

This form should be completed and forwarded to WSI National Office at least 14 days in advance of the start date of a CFR course. Schedule of certificate fees available from WSI Head Office (Certificates will be issued upon receipt of all completed course return forms) **CFR Community** WSI Instructor CFR Up-skill Course CFR Instructor course **Course Details** Organized by: 1. WS Area Committee 2. WSI Approved Provider 3. WSI Approved Organisation \Box (tick appropriate box) **Course details** Course Organiser _____ Instructor(s)_____ Course director _____ Number of Participants: Total Number of Hours _____ Proposed Starting Date: ___ Proposed concluding date:____ Suitable Venue, please name venue ____County:_ Course Organiser Signature: Address: Phone No. E-mail. CFR Course Ratio Student to Instructor is set at 6:1 Maximum Ratio for Practical Skills Station is set at 3:1 For official use only Signature: Date:

Course requirements

Suitable teaching venues for CFR courses where students will be for approximately 4 hours will need to meet basic standards.

Joanne Walsh (Chief Executive Officer)