



Course Registration Form

WSI National Pool Lifeguard Award

This form should be completed and forwarded to WSI National Office at least 14 days in advance of the start date of a PLG course. Course Providers must forward details to relevant WSACs. (All providers/organisers must be WSI members) Fee: €30 per participant (New & revalidating), €20 per manual, (excl. €10.00 First Aid) plus postage. Certificates will not be issued until all invoices pertaining to courses are paid. Unfortunately we cannot accept returns.

(Please tick appropriate boxes)

National Pool Lifeguard Award or **National Pool Lifeguard Award Revalidation**

Level 1 (depth \leq 1.5m)
(QQI Lvl 5 Shallow Water 5S18418)

or

Level 2 (depth $>$ 1.5m)
(QQI Lvl 6 Deep Water 6S18422)

Organised by:

1. **Water Safety Area Committee** * (must be minuted by WSAC Secretary)

2. **Other***: **WSI Approved Provider** **WSI Approved In-House Provider**

QQI Registered Provider

***Ensure valid IWS insurance for providers and examiners, or provide evidence of other insurance on registration**

Proposed starting date: _____ **Proposed concluding date:** _____

Course Organiser : _____

(Note: Invoice issued to Course Organiser)

Name of Course Providers: _____ **Tel #:** _____

_____ **Tel #:** _____

Name of Course Examiners: _____ **Tel #:** _____

_____ **Tel #:** _____

Number of candidates (New) _____ **Number of PLG Manuals required:** _____

Number of Candidates (Revalidating) _____ **Number of First Aid manuals req.:** _____

Shipment Address: _____

Phone No. _____ **Fax No.** _____ **E-mail.** _____

PO No. (If applicable) _____

Course Organiser Signature: _____

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

Number of Theory Hours: _____

Number of Practical Hours: _____

Total Number of Hours: _____

Pool Details **Venue:** _____

Max Pool Depth: _____ **Other Pool Features:** (e.g. Infant Pool, Slides) _____

Course approved? Yes/No

Lifeguard Commission Notified of Course? Yes/No

HQ use only

Signature: _____
Joanne Walsh (CEO)

Date: _____

HQ use only

Is Course Provider Registered and Up to Date? Yes/No

Is Examiner a Registered Provider of the Course? Yes/No