



Head Office
The Long Walk,
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Tel: 353-91 56 44 00
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Water Safety Ireland

Sábháilteacht Uisce na hÉireann

Instructor Award

Name _____ D.O.B. _____

Address _____ Tel No _____

_____ Mobile _____

_____ Email _____

Rescue 2 Passed Date _____ Venue _____

Code of Ethics course (Venue and date) _____

Stage 1 Venue _____

Items to be Examined	Pass or Fail	Comments/Date	Examiners Signature
1.BLS(2 person operator included)			
2.Demonstrate (a) items from Safety Awards (b) items from section 5-7 of the Rescue 3 Award			
3.Five minute lecture (Water Safety)			
4.Five minute lecture (BLS)			
5.Knowledge of a. Anatomy & Physiology b. Award Scheme c. Structure of Council d. Area Committees e. Rescue Equipment f. <u>Written Exam</u>			
6.Three lesson Plans			
7.Swimming Theory Module			

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

Signed off

Examiner _____ Signature _____ Date _____
Block Capitals



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Stage 2

Venues

1. _____
2. _____
3. _____

Items to be examined	Pass or Fail	Comments/Date	Examiners Signature
1. Lesson Plans on (a) BLS (b) Safety (c) Rescue			
2. Instruct and present a class in (a) Swim Class (level 1 or 2) (b) Safety Class (level 3 or 4) (c) Rescue Class (Rescue 3 preferable but LAC can decide what Rescue class if not available)			

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

Signed off

Examiner _____ Date _____
Block Capitals Signature

Minuted at Committee Date _____

Class Secretary

Name _____ Tel No _____
Address _____ E mail _____

