



Swim Tutor Availability and Personal Information Consent Form

Name: _____

Address: _____

Contact Details:

Mobile: _____

Email: _____

Website: _____

Please indicate your availability, by circling the appropriate heading(s), for the provision of Assistant and Full Swimming Teacher Courses.

Evenings only ☐ Weekends only ☐ Anytime ☐

All year ☐ Part of year (Specify) ☐

Please outline the extent to which you are willing to travel to deliver such courses.

Locally only (Specify area)

Provincially (Specify)

Anywhere (Specify limits, if any)

Please sign and return this form if you are willing to authorise Water Safety Ireland to advertise your name and details as a provider on the WSI web site, and to permit staff to pass on your name and contact details in response to public enquiries.

Please contact HQ if any of the above information changes.

You also agree to the management of your personal data in accordance with the General Data Protection Regulations (GDPR) 2018.

Signed (Tutor): _____

Signed (Witness): _____

Date: _____