



Head Office  
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# Irish Water Safety

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			

Signed off

Examiner... \_\_\_\_\_ Date \_\_\_\_\_

Block Capitals

Signature



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## Instructor Award

### 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)			

### Signed off

**Examiner** \_\_\_\_\_ **Date** \_\_\_\_\_  
Block Capitals Signature

Minuted at Committee Date \_\_\_\_\_

### Class Secretary

Name \_\_\_\_\_ Tel No \_\_\_\_\_  
Address \_\_\_\_\_ E mail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_