

Irish Water Safety Course Registration Form



Irish Water Safety
The Long Walk
Galway
Web: www.iws.ie
Email: info@iws.ie
Tel: 091 564400
Fax: 091 564700

Swim Teacher Courses

This form should be completed and forwarded to IWS National Office at least 14 days in advance of the start date of a Swim Teacher course. **Course Providers will forward details to relevant WSACs.**
All tutors must be IWS members.

Assistant Swim Teacher Course

☐

Full Swim Teacher Course

☐

Organised by (tick appropriate box):

AWSC

☐

IWS Approved Tutor

☐

IWS Approved Organisation

☐

Contact Details

Name: _____

Address: _____

Phone No: _____ Fax No: _____ E- Mail: _____

Course Details

Proposed starting date: _____ Proposed concluding date: _____

Venue: _____

Number of Candidates: _____

Course Tutors: _____

Tel No _____

Tel No _____

Course Examiners: _____

Tel No _____

Tel No _____

Timetable Details

Theory Hours _____

Practical Hours _____

Total Hours _____

Swim Teacher Manuals Required _____

Assistant Swim Teacher Log Books Required _____

Full Swim Teacher Log Books Required _____

Disclaimer: Unused manuals must be returned within 28 days to receive a refund. Otherwise the full cost will apply.

Office Use Only

Signature: _____

Date Ratified: _____

Lt. Cdr. John F.M.Leech, C E O