



Swim Tutor Availability and Personal Information Consent Form

Name: _____

Address:

Contact Details:

Mobile _____

Home _____

Work _____

E Mail _____

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 Irish Water Safety to advertise your name and details as a provider on the IWS web site, and to permit staff to pass on your name and contact details in response to public enquiries.

Signed (Tutor) _____

Signed (Witness) _____

Date _____