**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**D.O.B.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **e-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel No: (Home)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Work)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Mobile)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor Qualification date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Water Safety Work Log:**

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|  |

***(Please attach separate sheet if required)***

# **OTHER RELAVANT QUALIFICATIONS**

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|  |

***I certify that the information above is correct and that I have been active as an instructor for 5 years.***

***I agree to participate on this course with the will, confidence and enthusiasm to take on the role of examiner within Irish Water Safety.***

***Candidates Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |
| --- |
| Committee use only |
| Yes/No ***Approval of Area Committee***  ***Area Committee:***  ***Date of Approval***  ***Signed by Chairman/Secretary*** |