



IRISH WATER SAFETY

CUMANN SÁBHÁILTEACHT UISCE

AREA WATER SAFETY COMMITTEE

The Long Walk
Galway
Ireland
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Lo-Call 1890 420 202

APPLICATION FORM TO BECOME A TRAINEE WATER SAFETY INSTRUCTOR

This form complies with the Guidelines as set out in the Code of Ethics & Good Practice for Children’s Sport in Ireland

Name: _____ Date of Birth : _____ Tel. No. _____

Address: _____ e-mail address: _____

Reason for applying: _____

Dates of (1) Rescue 2 Cert: _____ (2) Rescue 3 Cert: _____

Venues: _____

Any previous experience/involvement in Sport/Clubs as: (Please tick as appropriate)

(1) A Player Yes ___ No ___

(2) A Coach, Trainer, Supervisor Yes ___ No ___

(3) Administrator Yes ___ No ___

If yes please give details:

Have you been asked to leave a sporting organisation/club Yes ___ No ___

If yes please give details: _____

REFEREE:

Please supply the names of two responsible people whom you have contacted and informed that they may be asked to endorse your application. If you have any previous involvement in sport one of these should be that of an Administrator/leader of your last Club/Place of involvement.

REFEREES NAME/ADDRESS

(1) _____

(2) _____

Phone No. _____

Signed: _____
