



IRISH WATER SAFETY

CUMANN SÁBHÁILTEACHT UISCE

Head Office:
The Long Walk
Galway
Ireland

Tel: 353+91 56 44 00
Fax: 353+91 56 47 00
Lo-Call 1890420 202
email: info@iws.ie
website: www.iws.ie

INSTRUCTOR AWARD

Name: _____

D.O.B. _____

Address: _____

Tel No: _____

Email: _____

Certificate

Date

Venue

Rescue 2

Rescue 3

Candidate trained and presented by: _____ (Instructor)

STAGE 1

Venue: _____

	Comments	Result
1. Resuscitation 4		
2. Demonstrate a. Item from Safety Awards b. Item from Rescue Awards (must include items from Section 5 to 7 of the Rescue 3 Award)		
3. Five minute lecture (Water Safety)		
4. Five minute lecture (Resuscitation)		
5. Knowledge of a. Anatomy & Physiology b. Award Scheme c. Structure of Council d. Area Committees e. Rescue Equipment f. Written Exam		
6. Three lesson plans		
7. Assistant Swim Teachers		

Signed: _____
Examiner

Date: _____



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INSTRUCTOR AWARD

STAGE 2

Venues:

1. _____
2. _____
3. _____
4. _____

	Comments	Result
1. Lesson Plans on a. Resuscitation b. Safety c. Rescue		
2. Instruct and present classes in: a. Safety Awards b. Rescue Awards		

Signed: _____

Date: _____

Class Secretary:

Name: _____

Address: _____

Tel: _____

Email: _____



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RE: _____
(Applicant to become a trainee Instructor)

A chara,

In line with the National Guidelines for the Protection and Welfare of Children the above named person has given your name as one who can support his/her application to become a helper/trainee instructor with Irish Water Safety, _____ Area Committee.

I would appreciate it if you complete the box below and return it to me as soon as possible.

Any comments made will be treated in the strictest confidence.

Mise le meas,

Referees Only:

Name: _____

Address: _____

I confirm that I know the above named person and state that, to the best of my knowledge, I am satisfied he/she is suitable to be involved with children in a sporting, teaching or supervisory capacity.

Signed: _____

Date: _____