



## Mountain Leader Award Scheme Assessment Course Report

This form must be completed on both sides and returned to the MI Office **WITHIN 30 DAYS OF THE END OF THE COURSE**. The form should be accompanied by a copy of the Assessment Report Form for any Deferred or Failed candidates.

**COURSE DIRECTOR** \_\_\_\_\_ **Qualification** \_\_\_\_\_

**Course Dates:** FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ 200 \_\_\_\_\_. Assessment ☐ or Re-Assessment ☐

**Other Training Staff and observers:** Please state qualifications: (MIC, MIA, BMG). Please indicate whether staff or observing

Full Name	Qualifications (Provide Reg. No. if UK qualification)	MI number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### COURSE DIRECTOR'S COMMENTS:

Syllabus Aspects Covered: \_\_\_\_\_

\_\_\_\_\_

Venues: \_\_\_\_\_

Weather: \_\_\_\_\_

No. of Candidates: \_\_\_\_\_

General Comments \_\_\_\_\_

### Candidates' Details (Please turn over)

The Course Director confirms that the candidates listed attended a full MLA assessment run in accordance with BOS guidelines and criteria.

Signed (Course Director) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20 \_\_\_\_

Please return the completed form within 30 days of the end of the course to:

**Mountaineering Ireland,**  
Irish Sport HQ, National Sports Campus, Blanchardstown, Dublin 15.  
Tel: 01-625 1115. Email: Fax: 01-625 1116

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## Candidates' Details

In order for us to match this course report to candidates' registration details, please provide the following information. **Please attach a copy of the Assessment Report Page issued to any Deferred or Failed candidates.** The form will be returned to you if this section is not fully completed or the assessment page copies are not attached.

**PLEASE MAKE CLEAR IF ANY CANDIDATE LISTED WAS DOING EITHER A FULL OR PARTIAL RE-ASSESSMENT.**

Full Name	Current Address	Date of Birth	BOS Reg No.	First Aid Qualification	Result – Pass/Defer/Fail

FOR OFFICE USE ONLY	
Date Received _____/_____/_____	Entered on Database (Initials) _____