



Climbing Wall Award 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 ____/____/20____.

Other Training Staff/Observers: Please state qualifications: (MIC, MIA, BMG). Please state whether staff or observers

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

COURSE DIRECTOR'S COMMENTS:

Syllabus Aspects Covered: _____

Venues: _____

Weather (if appropriate): _____

No. of Candidates: _____

General Comments _____

Candidates' Details (Please turn over)

The Course Director confirms that the candidates listed attended a full CWA 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. Fax: 01-625 1116

Climbing Wall Award Assessment Course Report 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) _____