



Climbing Wall Leading Award Training 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. If any candidates have not registered by then their details must NOT be included on the form and their training course will be considered invalid.

COURSE DIRECTOR _____ **Qualification** _____

Course Dates: FROM ____/____/____ TO ____/____/20____.

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

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

COURSE DIRECTOR'S COMMENTS:

Syllabus Aspects Covered: _____

Venues: _____

No. of Candidates _____

General Comments _____

Candidates' Details (Please turn over)

The Course Director confirms that the candidates listed attended a full CWA training 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

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Candidates' Details

In order for us to match this course report to candidates' registration details, please provide the following information. The form will be returned to you if this section is not fully completed.

[illegible]