



Lowland Leader 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.*

COURSE DIRECTOR _____ Qualification _____

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

Assessment Staff/Observers: Please state qualifications: (MIC, MIA, BMG, EML, ML Winter, ML). Please state whether staff or observing

Full Name	Qualifications (Please 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 all course sessions.

Signed (Course Director) _____ Date ____/____/20____

Please return 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.

In order for us to maintain the BOS database, please provide the following information. The form will be returned to you if this section is not fully completed. Please include details of all candidates (using an additional page if necessary). Where candidates are failed or deferred, please include a brief note as to why.

[illegible]