



Please complete the information below.

Form may be photocopied as required

Individual / Club / Branch: .....

Please write DELEGATE NAME in the appropriate box/es

**SATURDAY 10 MAY 2008**

Full list of pre-requisites required are given in the programme.

	Delegate 1 name	Delegate 2 name Youth Delegate (if applicable)	Delegate 3 name Club Delegate (if applicable)	Delegate 4 name
<b>Rookie Instructor (All 3 sessions must be completed)</b> <b>Restriction on numbers</b> Pre-requisites required				
	I am not / prepared to participate in the pool*	I am not / prepared to participate in the pool*	I am not / prepared to participate in the pool*	I am not / prepared to participate in the pool*
<b>PWC Module (All 3 sessions must be completed)</b> <b>Restriction on numbers</b> (1 per Branch or Club only) Pre-requisites required				
<b>Level 1 Judges Course (All 3 sessions must be completed)</b> <b>Restriction on numbers</b> (1 per Branch or Club only) Pre-requisites required				
<b>Paddleboard</b> <b>(Pool session only)</b> <b>Restriction on numbers</b> <b>14.00 – 16.30</b>				
<b>Technical</b> <b>10.30 – 12.30</b>				
<b>Club Development</b> <b>10.30 – 12.30</b>				
<b>Flooding</b> <b>10.30 – 12.30</b>				
<b>Child Protection</b> <b>14.00 – 16.00</b>				
<b>Disability - Session 1</b> Pre-requisites required <b>14.00 – 16.00</b>				
<b>Clubs for All</b> A Club Accreditation pre-requisite course <b>14.00 – 16.00</b>				
<b>Lifesaving in Schools</b> <b>14.00 – 16.00</b>				
<b>Introduction to Vocational Qualifications</b> <b>16.00 – 17.00</b>				
<b>DRAGON'S DEN</b> <b>Presentations of short-listed topics</b> <b>17.00 – 18.00</b>				

Please write DELEGATE NAME in the appropriate box/es

### SUNDAY 11 MAY 2008

Full list of pre-requisites required are given in the programme.

	Delegate 1 name	Delegate 2 name Youth Delegate (if applicable)	Delegate 3 name Club Delegate (if applicable)	Delegate 4 name
<b>IQL Seminar</b> 11.00 -13.00				
<b>Equity in Coaching</b> A Club Accreditation pre- requisite course 11.00 – 13.00				
<b>TA Specialist Unit – AED &amp; Oxygen</b> (2 sessions, both must be completed) Restriction on numbers Pre-requisites required				
<b>Supporting Local Networks</b> 11.00 – 13.00				
<b>Club Accreditation General Surgery</b> Appointment will be allocated 14.30 – 16.30 max				
<b>Making Sport Work</b> 14.30 – 16.30				
<b>Child Protection</b> (Repeated session) 14.30 – 16.30				
<b>Disability – Session 2</b> (No pre-requisites required) 14.30 – 16.30				
<b>Introduction to Vocational Qualifications</b> (Repeated Session) 14.30 – 15.30				

We reserve the right to adjust the programme if required.

**\* Please complete all sections as appropriate**

Times are approximate and content may be subject to amendment without prior notice  
Changes cannot be made once this form has been submitted (without agreement from Jane Hepburn)

Please return by 10 March 2008 to:

Jane Hepburn, RLSS UK, River House, High Street, Broom, Warwickshire B50 4HN.