



**SURF LIFE SAVING QUEENSLAND**

SM IRB Driver/ IRB Crew Course Training Information Form

This training course information form must be submitted with all 'Assessment Requests'.

**Course approval will not be given without this document and an assigned IRB TACO.**

Club/Service: _____	Course Number: _____
Course Type: <input type="checkbox"/> SM IRB Driver	<input type="checkbox"/> IRB Crew
Course Start Date: ____/____/____	Course Assessment Date: ____/____/____
Head IRB Trainer: _____	
Trainer/s: _____	
_____	

**Training Details** - Please insert training dates, start and finish times and location for your IRB Course.

Session 1	Date: _____	Time: _____	Location: _____
Session 2	Date: _____	Time: _____	Location: _____
Session 3	Date: _____	Time: _____	Location: _____
Session 4	Date: _____	Time: _____	Location: _____
Session 5	Date: _____	Time: _____	Location: _____
Session 6	Date: _____	Time: _____	Location: _____
Session 7	Date: _____	Time: _____	Location: _____
Session 8	Date: _____	Time: _____	Location: _____
Session 9	Date: _____	Time: _____	Location: _____
Session 10	Date: _____	Time: _____	Location: _____

Alternative Training Venue (if Required): \_\_\_\_\_

Number of IRB's available for Training: \_\_\_\_\_

<b><u>Office Use Only</u></b>	
Date Paperwork Received: _____	Date Course Is Approved: _____
Course IRB TACO: _____	Date Confirmed: _____