



IRISH WATER SAFETY
CUMANN SÁBHÁILTEACHT UISCE

WATER SAFETY EXAMINATION RETURN

Head Office:

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PRIMARY AQUATICS WATER SAFETY AWARDS

SCHOOL _____ EMAIL _____

Course held at: _____ Town: _____ County: _____

AWARD	No of Children who Passed Award
PAWS 1	
PAWS 2	
PAWS 3	
PAWS 4	
PAWS 5	
PAWS 6	
PAWS 7	
PAWS 8	

AWARD	No of Children who Passed Award
LAND PAWS 1	
LAND PAWS 2	
LAND PAWS 3	
TOTAL LAND PAWS	
TOTAL PAWS	

IWS Examiner: _____
BLOCK CAPITALS SIGNATURE

School Teacher: _____
BLOCK CAPITALS SIGNATURE

Date: _____

School Contact Address:
Name: _____
Address: _____
Phone: _____
email: _____

IWS will issue certificates when form is returned to above address