



IRISH WATER SAFETY
 SÁBHÁIL TEACHT UISCE na hÉIREANN

WATER SAFETY EXAMINATION RETURN

Head Office:

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Course held at: _____ Exam Venue _____ Town _____ County _____ Date _____

Name (Block Capitals)	I.D.	Address	Town	email	M/F	D.O.B.	SEAL					
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Examiner: _____
 BLOCK CAPITALS SIGNATURE

Instructor: _____
 BLOCK CAPITALS SIGNATURE

Return completed form to your certificate secretary

Class Secretary:
 Name: _____
 Address: _____

 Phone: _____
 email: _____