



IRISH WATER SAFETY
CUMANN SÁBHÁILTEACHT

Swimming Teachers' Life Saving Award

Examination Return Form

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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.	Pass/ Fail
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Examiner: _____
 BLOCK CAPITALS SIGNATURE

Instructor: _____
 BLOCK CAPITALS SIGNATURE

Please retain a copy of this form.

Class Secretary

Name: _____
 Address: _____

 Phone: _____
 email: _____