



IRISH WATER SAFETY
CUMANN SÁBHÁILTEACHT UISCE

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WATER SAFETY EXAMINATION RETURN

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

Name (Block Capitals)	I.D.	Address	Town	email	M/F	D.O.B.	Basic Life Support		
							1	2	3
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

Examiner: _____
BLOCK CAPITALS SIGNATURE

Instructor: _____ **Trainee Instructor:** _____

Return completed form to your certificate secretary.

Class Secretary:

Name: _____

Address: _____

Phone: _____

email: _____

I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.