



**IRISH WATER SAFETY**  
CUMANN SÁBHÁILTEACHT UISCE

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**WATER SAFETY EXAMINATION RETURN**

Course held at: \_\_\_\_\_ Exam Venue \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

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

Name (Block Capitals)	I.D.	Address	Town	email	M/F	D.O.B.	Splash
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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: \_\_\_\_\_