WATER SAFETY IRELAND



***SÁBHÁILTEACHT UISCE na hÉIREANN***

**WATER SAFETY EXAMINATION RETURN**

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

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| Name (Block Capitals) | I.D. | Address | Town | email | M/F | D.O.B. | 6 | 7 | 8 | 9 | 10 |
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| **I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.** | Total |  |  |  |  |  |
| ***Examiner:*** BLOCK CAPITALS SIGNATURE***Instructor:*** BLOCK CAPITALS SIGNATURE**Return completed form to your certificate secretary** | ***Class Secretary:***Name: Address: Phone: email:  |