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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| **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: | | | | | | | | | |