



Head Office:

The Long Walk
Galway
Ireland
H91 F602

SCHOOL: _____ Tel: _____
Teacher: _____ Email: _____
Course held at: _____ Town: _____ County: _____

Date: _____

Name (Block Capitals)	School Name	Address	email	M/F	Age	Junior Aquatics Water Safety 1	Junior Aquatics Water Safety 2
1.							
2.							
3.							
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11.							
12.							
13.							
14.							
15.							

Signatures: Examiner: _____ Teacher: _____

Block Capitals: _____

To receive certificates, please return completed form to Water Safety Ireland, The Long Walk, Galway.