



Water Safety Ireland

SÁBHÁILTEACHT UISCE Na hÉireann

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WATER SAFETY EXAMINATION RETURN

Location: _____ Address: _____ County: _____ Date: _____

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

ID No.	Name (Block Capitals)	DOB	Address	Basic Life Support		
				1	2	3
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total						

Examiner: _____
BLOCK CAPITALS

SIGNATURE

Instructor: _____
BLOCK CAPITALS

SIGNATURE

Class Secretary:

Name:

Address:

Return completed form to your Certificate Secretary.