



WATER SAFETY IRELAND

SÁBHÁILTEACHT UISCE NA hÉIREANN

Head Office:

The Long Walk
Galway
Ireland
Tel: 353+91 56 44 00
Email: info@watersafety.ie
Website: watersafety.ie

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: _____
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Instructor: _____
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Return completed form to your certificate secretary.

Class Secretary:
 Name: _____
 Address: _____
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