WATER SAFETY IRELAND

SÁBHÁILTEACHT UISCE NA hÉIREANN

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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.

							Swim				
Name (Block Capitals)	I.D.	Address	Town	email	M/F	D.O.B.	1	2	3	4	5
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Examiner: _____ _____

BLOCK CAPITALS SIGNATURE

Instructor: _____ _____

BLOCK CAPITALS SIGNATURE

Return completed form to your certificate secretary

Class Secretary:

Name: _____

Address: _____

_____

Phone: _____

email: _____