



IRISH WATER SAFETY
SÁBHÁIL TEACHT UISCE na hÉIREANN

WATER SAFETY EXAMINATION RETURN

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Course held at: _____ Exam Venue _____ Town _____ County _____ Date _____

Name (Block Capitals)	I.D.	Address	Town	email	M/F	D.O.B.	SEAL					
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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: _____