



IRISH WATER SAFETY
CUMANN SÁBHÁILTEACHT UISCE

WATER SAFETY EXAMINATION RETURN

Head Office:

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Course held at: _____ Town: _____ County: _____

Date: _____

						Aquatics Pool	Aquatics
Name (Block Capitals)	School Name	Address	email	M/F	Age	Assistant	Organiser
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Examiner: _____
BLOCK CAPITALS SIGNATURE

Instructor: _____
BLOCK CAPITALS SIGNATURE

Return completed form to your certificate secretary.

Class Secretary:

Name: _____
Address: _____

Phone: _____
email: _____