



IRISH WATER SAFETY TV
CUMANN SÁBHÁILTEACHT

Swimming Teachers' Life Saving Award

Examination Return Form

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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.	Pass/ Fail
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Examiner: _____
BLOCK CAPITALS SIGNATURE

Instructor: _____
BLOCK CAPITALS SIGNATURE

Please retain a copy of this form.

<u>Class Secretary</u>	
Name:	_____
Address:	_____ _____ _____
Phone:	_____
email:	_____