



IRISH WATER SAFETY
CUMANN SÁBHÁILTEACHT UISCE

WATER SAFETY EXAMINATION RETURN

SCHOOL: _____ Tel: _____
 Teacher: _____ Email: _____
 Course held at: _____ Town: _____ County: _____

Ireland
 Tel: 353+91 56 44 00
 Fax: 353+91 56 47 00
 email: info@iws.ie
 website: www.iws.ie

Date: _____

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

Signatures: Examiner: _____ Teacher: _____

Block Capitals: _____

To receive certificates, please return completed form to Irish Water Safety, The Long Walk, Galway.