Qualification Card Application

This form should be used for the application of Qualification Cards **ONLY** for **WORKSHOP CARDS**

Completion of this form will generate the card and also help BSAC HQ to maintain accurate information of members' diving qualifications.

Payment is required for all cards ordered with this form. Use the Payment section below.

For current costs, go to:
www.bsac.org/page/147/q-card.htm or contact BSAC HQ.

IMPORTANT This Application Form can be used to apply for ONE CARD ONLY.
If more than one card is required, a separate Application Form must be completed.

Applicant Details

Name: ..... BSAC Membership no *(if applicable)*: .....

Address: .....

..... Post/Zip code: .....

Date of birth: ..... Tel: ..... E-mail: .....

Branch/Centre Name: ..... Branch/Centre No: .....

PHOTOGRAPH

Attach a photo with your name and membership no detailed on the reverse. Alternatively email your photo in JPEG format to **qcards@bsac.com**

Please name the file:

'last name_first name_ membership no'

The photo must comply with passport standards and have a plain light background.

Payment Section

Card Number: | | | | | | | | | | | | | | | |

Name on Card: .....

Signature: .....

Date: .....

Expiry date: | | | | |

3 digit security no: | | | (last 3 numbers on the signature strip)

Valid from date: | | | | |

Issue number: (if applicable) | |

Buoyancy and Trim

Level achieved Only tick **one** box

Bronze (+/- 2 metres) ☐	Silver (+/- 1 metre) ☐	Gold (+/- 0.5 metre) ☐	Black (+/- 0.3 metre) ☐

Nitrox

Nitrox Diver ☐

Level achieved (only tick **one** box)

☐ Nitrox 32 / 36

☐ Up to Nitrox 36

This section of the form MUST be completed by the student's Branch Diving Officer, Lead or Centre Instructor to verify and endorse the training received.

Diving Officer, Lead or Centre Instructor Details

Name: ..... Position .....

Instructor signature: ..... Instructor number: .....

BSAC membership no: ..... Date of event: .....

BSAC Event Branch name: ..... Branch no: .....

OR

BSAC Centre name: ..... Centre no: .....