THE BRITISH SUB-AQUA CLUB

Skill Development Course Registration

Branch Name			*Branch No*
Course Subject			*Number of Students*
Course Venue			*Date*
Chief Instructor's Name	*Membership No*	*NQI No*	*Approval Status (Y or N)*
Branch Officer's Name	*Signature*		*Date*

It is the CHIEF INSTRUCTOR'S responsibility to ensure that:

- instructors & candidates are all current BSAC members to ensure adequate public liability insurance is in place
- the specified BSAC syllabus for the course is followed
- the facilities and equipment specified in the syllabus are provided
- all instructors are up-to-date in relevant theory knowledge and in current practice at relevant skills
- where necessary instructors hold approved instructor status. This applies to the following: Rescue First Aid; Diver Cox'n Assessment; First Aid for Divers, Boat Handling, Full Face Mask, Extended Range Diving and all Nitrox courses
- the correct ratios of students to instructors and, where relevant, assistant to approved instructors are observed
- each candidate has their own personal course pack at the time of attending the event

Address for delivery of Approval and Course Materials (Preferably Chief Instructor's Address)

Name:		
Address:		
Postcode:	***Tel:***	***E-mail:***

This completed form, with payment of Registration Fees if appropriate, should be sent to the Technical Support Department at BSAC HQ ***at least two weeks before the event***.

SDC Registration Fees @ £15.00 with the exception of those listed below:

Advanced Nitrox	£30.00	Boat Handling	£30.00
Extended Range Diving	£30.00	Semi-Closed and Closed-Circuit Rebreather Dive	£30.00
Combined Nitrox	£37.00	Practical Rescue Management	£19.00
Rescue First Aid	£37.00	Full Face Mask	£52.00

Value of cheque enclosed (payable to **The British Sub-Aqua Club**): £ ……

Alternatively, payment may be made by credit card, in which case the following details must be provided:

Card type: Visa / Mastercard / Eurocard / American Express / Diners Club / Switch* ***(specify)***

Card N^{o} | | | | | | | | | | | | | | | | | | Expiry date | | | | | |

Security Number (3 digit number on back of card): ……

*Switch Cards: Issue Date or Number, where applicable: ……

Cardholder's Name & Address:		
Postcode:	***Signature:***	***Date:***

For HQ use only:	**Payments:**	**Course Number:**

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