



SAA Head Office  
Space Solutions Business Centre  
Sefton Lane  
Liverpool  
L31 8BX  
Tel: 0151 287 1001



## National Course Application Form

Course Title : \_\_\_\_\_

### Candidate Information *Candidates should use the name they wish to have on their certificates.*

Forename(s): \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Surname: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
County: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Country: \_\_\_\_\_  
Post Code: \_\_\_\_\_

SAA Diving Grade: \_\_\_\_\_ Date Attained: \_\_\_\_\_  
SAA Instructor Grade: \_\_\_\_\_ Date Attained: \_\_\_\_\_  
SAA Instructor Number: \_\_\_\_\_ SAA Membership Number: \_\_\_\_\_  
Club Name: \_\_\_\_\_ Club Number: \_\_\_\_\_

*I declare that the above information is correct and that I agree to abide by the rules of the SAA and any particular safety requirements of this course. I confirm I will meet the minimum criteria for attendance at the commencement of this course.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Diving Officer's Declaration

*I am the Diving Officer of the above named Club, and I endorse this application. To the best of my knowledge the above information is correct. The Candidate may have the relevant sections of his qualification book signed off by the course instructors.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Notes to Diving Officers

*This application form should only be counter signed if you believe the diver is capable of fulfilling the course requirements. Some courses require particular levels of skill, for example Diver Rescue requires that the candidates have good buoyancy control skills. Do not sign this form if you believe that the candidate shall be in any way endangered by attempting this course.*

#### Office Use Only

##### Checklist

Membership Current:  Yes  No

Medical Cert Signed:  Yes  No

Diving Grade: \_\_\_\_\_

Instructor Grade: \_\_\_\_\_

##### Payment

Deposit: \_\_\_\_\_

Balance: \_\_\_\_\_

##### Certificate Information

Cert Number: \_\_\_\_\_

Date: \_\_\_\_\_

##### Course Outcome

###### Section 1

Instructor: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

###### Section 2

Instructor: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

###### Section 3

Instructor: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Note the information submitted on this form will be stored on a computer system.*

\*Oxygen Admin, Diver First Aid & Boat-handling books are now loose-leaf in an SAA Binder

Tick this box if you already have a binder