



National Course Application Form

Tel: 0151 287 1001	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:
	Email:
City:	Date Of Birth:
County:	-
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 fullfilling 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	Course Outcome
Membership Current: Yes No	Section 1
Medical Cert Signed: Yes No	Instructor:
Diving Grade:	Signed:
Instructor Grade:	Date:
Daymont	Section 2
Payment	Instructor:
Deposit:	Signed:
Balance:	Date:
Certificate Information	Section 3
Cert Number:	Instructor:
	Signed:
Date:	Date:

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

*Boat-handling books are now loose-leaf in an SAA Binder

Tick this box if you already have a binder