



Skill Course Form

Section A. *To be completed by the Applicant*

Name: _____ SAA Membership No: _____
 Address: _____ SAA Club Name: _____
 _____ SAA Club No: _____
 City: _____ Telephone: _____
 County: _____ Mobile: _____
 Country: _____ Email: _____
 Post Code: _____ D.O.B. _____ Age: _____

Last Medical Date: _____
 SAA Diving Grade: _____ Date Obtained: _____
 SAA Certification Applying For: _____ Qualification You Wish to Crossover From: _____
 Training Agency: _____ Training Centre: _____
 Instructor's Name: _____ Certificate No: _____
 Signature: _____ Date: _____

Section B. *To be completed by the Club Diving Officer*

Club Diving Officer's Name: _____ SAA Membership No: _____

I have inspected the candidate's original certificates and confirm them to be genuine. Furthermore, I endorse this Diver's application

Signature: _____ Date: _____

Section C. *Information that must accompany this application*

Photocopies of:

- External Agency Certificate you wish to crossover from
- SAA Membership Certificate
- Medical Certificate (*where applicable*)
- Current Diving Grade (*where applicable*)
- Cheque made payable to the SAA for the applicable amount

I Wish To Pay By Credit Card

Card No.



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Expiry Date:

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CSC No.

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50p Charge for Credit / Debit Card payments

Office Use Only

Date Sent To Co-ordinator: _____
 Authourised By: _____
 Signature: _____
 Date: _____
 Certificate Number: _____
 Date Sent To Member: _____

Current Crossover Fees

Nautical Archaeology	£10.00
VHF	£10.00
Diver Rescue	£10.00
Nitrox	£10.00
Boathandling	£10.00
Chartwork & Navigation	£10.00
Oxygen Administration	£10.00
Diver First Aid	£10.00

*Please return this form to the address at the top of the page
 Note the information submitted on this form will be stored on a computer system.*