



IMPORTANT

It is the sole responsibility of the student to ensure that he/she and the instructors chosen to conduct the various stages of the training programme complete each and every section of this form in full. Microdive Ltd cannot issue a temporary certificate, certificate of completion or qualification card unless all parties concerned have completed this form in full.

CLIENT DETAILS

Unique student number _____ Name _____
 M/F _____ Date Of Birth _____ Nationality _____
 Current address _____
 Current telephone number _____ Current e-mail address _____
 Students between the age of 12 and 15 must have their parents consent to enrol onto the Microdive Training Programme
 Parent/Guardian Name _____ Signature _____

QUIZ

(Do NOT process unless the previous section has been completed in full)

INSTRUCTOR NAME _____ INSTRUCTOR No. _____ RENEWAL DATE _____
 TRAINING AGENCY AFFILIATION _____ E- Mail _____
 Initial here to confirm your insurance and medical are up to date _____
 Initial here to confirm you have read and understood the instructor teaching agreement _____
 FACILITY NAME _____ E-mail _____
 FACILITY TEL No. _____
 I have conducted the quiz review in accordance with the terms of the Microdive instructor teaching agreement and confirm that the student has completed the quiz section and received appropriate remedial assistance to ensure complete understanding of the knowledge base material concerned.
 INSTRUCTOR SIGNATURE _____ DATE _____ Country _____

IN-WATER SKILLS ASSESSMENT

(Do NOT process unless the previous 2 sections have been completed in full)

INSTRUCTOR NAME _____ INSTRUCTOR No. _____ RENEWAL DATE _____
 TRAINING AGENCY AFFILIATION _____ E- Mail _____
 Initial here to confirm your insurance and medical are up to date _____
 Initial here to confirm you have read and understood the instructor teaching agreement _____
 FACILITY NAME _____ E-mail _____
 FACILITY TEL No. _____
 I have conducted the In-Water Skills Assessment in accordance with the terms of the Microdive instructor teaching agreement and confirm that the student has completed the quiz section.
 INSTRUCTOR SIGNATURE _____ DATE _____ Country _____

QUALIFICATION DIVE #1

(Do NOT process unless the previous section has been completed in full)

INSTRUCTOR NAME _____ INSTRUCTOR No. _____ RENEWAL DATE _____

TRAINING AGENCY AFFILIATION _____ E- Mail _____

Initial here to confirm your insurance and medical are up to date _____

Initial here to confirm you have read and understood the instructor teaching agreement _____

FACILITY NAME _____ E-mail _____

FACILITY TEL No. _____

I have conducted qualification dive #1 in accordance with the terms of the Microdive instructor teaching agreement.

INSTRUCTOR SIGNATURE _____ DATE _____ Country _____

QUALIFICATION DIVE #2

(Do NOT process unless the previous 2 sections have been completed in full)

IINSTRUCTOR NAME _____ INSTRUCTOR No. _____ RENEWAL DATE _____

TRAINING AGENCY AFFILIATION _____ E- Mail _____

Initial here to confirm your insurance and medical are up to date _____

Initial here to confirm you have read and understood the instructor teaching agreement _____

FACILITY NAME _____ E-mail _____

FACILITY TEL No. _____

I have conducted qualification dive #2 in accordance with the terms of the Microdive instructor teaching agreement.

INSTRUCTOR SIGNATURE _____ DATE _____ Country _____

QUALIFICATION DIVE #3

(Do NOT process unless the previous 2 sections have been completed in full)

INSTRUCTOR NAME _____ INSTRUCTOR No. _____ RENEWAL DATE _____

TRAINING AGENCY AFFILIATION _____ E- Mail _____

Initial here to confirm your insurance and medical are up to date _____

Initial here to confirm you have read and understood the instructor teaching agreement _____

FACILITY NAME _____ E-mail _____

FACILITY TEL No. _____

I have conducted qualification dive #3 in accordance with the terms of the Microdive instructor teaching agreement.

INSTRUCTOR SIGNATURE _____ DATE _____ Country _____

ONCE COMPLETED SEND THIS FORM BY SECURE POST / E-MAIL or FAX To:

Microdive Ltd Unit 2, Kings Close, Charfleets Industrial Estate, Canvey Island, Essex, SS8 0QZ England
Tel: + 44 (0) 1268 681193 - Fax + 44 (0) 1268 680999
E-mail: admin@microdive.com

STUDENTS AND INSTRUCRORS MUST RETAIN A COPY OF THIS FORM FOR THEIR REFERENCE