

Print to sent by fax or
post, or complete
on-line and submit.

IT Course Application Form

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Tel.: (**33) 04 93 470 482 Fax: (**33) 04 93 480 774

Personal information:

Name: _____	Date of Birth: _____
Address: _____	
City: _____	Postal code: _____ Country: _____
Telephone work: _____	Telephone home: _____ Fax: _____
Email: _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F Profession: _____

Medical:

A copy of a current medical examination (you can use the [PADI/RSTC Medical statement form](#)) must be handed in on the first day of your course. The form must verify that you are physically fit for diving, be signed and dated by a medical Doctor and may not be older than 12 months. A medical is not required for programs that do not involve dives in the open water.

Diving experience: (only for continuing education)

I started diving on ____ / ____ / ____ as logged in my personal logbook.	In my personal logbook I have logged _____ dives.
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Certification Information: (only for continuing education)

Open Water Diver/first certification : _____ Organization : _____ Date : _____ Instructor : _____ N°: _____ Dive center : _____ N°: _____ Certification number : _____	PADI Divemaster certification, number : _____ Office : _____ Date : _____ Instructor : _____ N°: _____ Dive center : _____ N°: _____ Active membership <input type="checkbox"/> yes <input type="checkbox"/> no
Advanced OWD/second certification : _____ Organization : _____ Date : _____ Instructor : _____ N°: _____ Dive center : _____ N°: _____ Certification number : _____	PADI Assistant Instructor, number : _____ Office : _____ Date : _____ Instructor : _____ N°: _____ Dive center : _____ N°: _____ Active membership <input type="checkbox"/> yes <input type="checkbox"/> no
Rescue certification : _____ Organization : _____ Date : _____ Instructor : _____ N°: _____ Dive center : _____ N°: _____ Certification number : _____	PADI Instructor <input type="checkbox"/> OWSI <input type="checkbox"/> MSDT <input type="checkbox"/> Staff <input type="checkbox"/> MI Number : _____ Date : _____ CD : _____ N°: _____ Dive center : _____ N°: _____ Active membership <input type="checkbox"/> yes <input type="checkbox"/> no Office : _____
First Aid & CPR certification : _____ Organization : _____ Date : _____ Instructor : _____ N°: _____ Dive center : _____ N°: _____ Certification number : _____	Diving Instructor – other organization Organization : _____ Date : _____ Instructor : _____ N°: _____ Level : _____ Certification number : _____
Nitrox/Enriched Air certification : _____ Organization : _____ Date : _____ Instructor : _____ N°: _____ Dive center : _____ N°: _____ Certification number : _____	Dive guide/assistant – other organization Organization : _____ Date : _____ Instructor : _____ N°: _____ Level : _____ Certification number : _____

I hereby certify that the above statements are true and correct, to the best of my knowledge.

Date	place	Signature (for electronic registration you will sign on the first day of the course)

On the first day of your course, we require the following items to make your file complete and to avoid delays in the processing of your certification. You are welcome to send these items by mail, so we can verify them before you arrive.

<p>You are going to take a beginner course?</p> <ul style="list-style-type: none"> ▪ 1 head and shoulder picture. ▪ Your current medical. 	<p>You are going to do a recreational continuing education program?</p> <ul style="list-style-type: none"> ▪ 1 passport picture for each certification. ▪ A copy of your current medical. ▪ A copy of the last page from your logbook. ▪ A copy of your certification cards.
<p>You are going to follow a Divemaster course?</p> <ul style="list-style-type: none"> ▪ 1 head and shoulder picture. ▪ A copy of your current medical. ▪ A copy of the last page from your logbook. ▪ A copy of your certification cards ▪ A copy of your CPR and First Aid certificate. 	<p>You are going to follow an Instructor Course?</p> <ul style="list-style-type: none"> ▪ 2 head and shoulder pictures. ▪ A copy of your current medical. ▪ A copy of the last page from your logbook. ▪ A copy of your certification cards. ▪ A copy of your CPR and First Aid certificate.
<p>You are going to follow Instructor continuing education program(s)?</p> <ul style="list-style-type: none"> ▪ 2 head and shoulder pictures. ▪ A copy of your current medical. ▪ A copy of your PADI Instructor card. ▪ For IDC Staff only – A copy of your MSDT card. 	<p>You are going to do a rebreather course?</p> <ul style="list-style-type: none"> ▪ 2 head and shoulder pictures. ▪ A copy of your current medical. ▪ A copy of your highest certification card. ▪ A copy of your Enriched Air certification.

Please consider me as a candidate for the following program(s):

Course	Dates	Language	Course	Dates	Language

To order course materials, you can refer to our on-line shop under:

www.instructor-training.com/os01e.asp

Comments:

Payment for registration fee (€300,--, deductible from course price):

- I have sent a check
- I want to receive a PayPal credit card money request for the € 300,-- registration fee.
- I did a bank transfer to: Credit du Nord, Cannes la Bocca 2361 110588 002 00 France
IT College, Daniela Goldstein IBAN: FR76 3007 6023 6111 0588 0020 091 BIC: NORDFRPP
- I visited the IT College to do the registration and paid cash or with Credit Card.

Do you know somebody who would be interested in our brochure?

Name: _____ First name: _____

Address: _____

Postal code: _____ City: _____

e-mail: _____ Country: _____

