



ENROLMENT FORM

PERSONAL INFORMATION

NAME _____ PADI# _____

EMAIL _____ TELEPHONE _____

DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ STATE _____ POSTCODE _____

COUNTRY _____

EMERGENCY INFORMATION

INSURANCE COMPANY _____ POLICY NUMBER _____

EMERGENCY CONTACT _____ TELEPHONE _____

CERTIFICATION DETAILS

Enter your diver certification number(s) for the courses you have completed in the boxes below

* for non PADI certifications you must also provide copies of your diver qualifications from other organisations

OPEN WATER		ADVANCED	
RESCUE		EFR	
DIVEMASTER		INSTRUCTOR	

WHICH COURSES ARE YOU ENROLING IN

- DIVEMASTER
 ENRICHED AIR DIVER / INSTRUCTOR
 OXYGEN PROVIDER / INSTRUCTOR
 IDC
 DIGITAL PHOTOGRAPHY / INSTRUCTOR
 MSDT / SPECIALTY INSTRUCTOR

* You are Required to bring a Photo and a Recent Medical (within 24 months)