SKILL COURSE CROSS-OVER

(Please complete in block capitals)

SAA membership No: SAA Club No:

Full Name.....

Address.....

Town.....Post Code.....

Tel:..... E-Mail:.....

SAA diving grade..... Date obtained.....

Last medical date.....Age.....Date of Birth.....

SAA Certification applying for.....

Grade of certificate you wish to cross over from.....

Training Agency.....

Training Centre.....

Instructor's Name..... Certificate No:.....

I enclose photostat copies of:

External Agency certificate you wish to cross over from

SAA membership certificate ÿ

Medical certificate ÿ (Where applicable)

Current diving grade ÿ (Where applicable)

Cheque made out to SAA for applicable amount ÿ

I wish to pay by ACCESS/VISA card No.

Expiry Date: | | | | | CSC No._____

Signed..... Date.....

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

Club DO's Name: _____ SAA Mship No:_____

Signature: _____Date:_____

For official use:

Date sent to co-ordinator:.....

Authorised by:.....

Signature:.....

Date:.....

Certificate number:.....

Date sent to member:.....

CURRENT CROSS OVER CHARGES

Nautical Archaeology £4.50
VHF.....£4.50
Diver Rescue.....£4.50
Nitrox..... £4.50
Boathandling.....£4.50
Chartwork & Nav.....£4.50
Oxygen Admin.....£4.50
Diver First Aid.....£8.50

Please return to:SAA Head Office, Space Solutions Business Ctre, Sefton Lane, Maghull. L31 8BX

Information given on this form may be stored on a computer