

Summary of instructing experience within the RYA's PW training scheme at an RYA Recognised Training Centre.

Section 1

Note:

- If your qualification is more than one year out of date, it is mandatory to complete section 2 in addition to section 1. Please note if you are 2 years or more out of date you will need to re-do the instructor course.
- Please list below a summary of your instructing hours for the last five years.
- Logged experience listed below must be within the RYA's Personal Watercraft training scheme. Experience in other RYA schemes does not count towards revalidation.
- A minimum of 30 hours instructional experience must have been gained within the last 5 years at an RYA Recognised Training Centre. If you have not done this, please complete section 2 below.

Year	No. of hours instructing experience	Name of recognised Training Centre(s)

I declare that the above information is correct to the best of my knowledge:

Signed:

Date:

Section 2

This section applies to instructors who have not gained a minimum of 30 hours RYA instructional experience during the last five years or whose qualification is more than one year out of date.

You must obtain an endorsement from the principal of an RYA PW Training Centre, who if appropriately qualified, will observe you assisting on an RYA course. If the Principal is not an RYA Personal Watercraft Instructor the Chief Instructor must undertake the observation and feedback to the Principal. They should then complete the following declaration.

Declaration

I have observed the person named below instructing on the following course and he/she has demonstrated the skills and up to date knowledge required of an RYA instructor. I recommend revalidation of his/her instructor certificate:

Name of Instructor _____ Date of observation _____

Name of Principal _____ Signature of Principal _____

Name of recognised training centre _____

Recognised training centre's stamp _____

Health Declaration: I declare that I am not suffering from any physical or mental impairment which has an adverse effect on my ability to properly discharge my duty of care as an instructor. I undertake to inform the RYA if this changes and agree to submit to a medical examination if requested by the RYA.

Signed Date/...../.....

**Please return this completed form to:
Royal Yachting Association, Certification Department Instructor Revalidations,
RYA House, Ensign Way, Hamble, Southampton, Hampshire SO31 4YA.**

DON'T FORGET THE ENCLOSURES LISTED OVERLEAF