



APPLICATION TO ATTEND YACHTMASTER® INSTRUCTOR SAIL COURSE

Please attach a
passport sized photo
of yourself with your
name written on the
reverse.

Course number: _____ Course dates: _____

Name: _____

Address: _____

_____ Postcode: _____

Tel. (home): _____ Tel. (work): _____

Tel. (mobile): _____ Email: _____

RYA Membership number: _____ Date of birth: _____

Occupation: _____

Next of kin name and tel number: _____

Type of current first aid cert: _____ Expiry date: / /

RYA Y/M Offshore cert no: _____ Exp. date of comm. end: _____

Details of your sail cruising experience

Number of seasons: _____ Mileage: _____

Main cruising areas: _____

Types of boat: _____

Teaching experience: _____

Other teaching/training qualifications held: _____

Where is your qualification to be used? _____

Other sailing qualifications held: _____

DECLARATION

Details of any medical treatment being received (If none, write none):

I declare that, to the best of my knowledge, I am not suffering from Epilepsy, Giddy Spells, Asthma, Diabetes, Angina or other heart condition, and I am physically fit to participate in the course.

I understand and accept the booking conditions overleaf. I can swim 50 metres. I am willing to comply with all safety requirements.

Signature _____ Date _____

Any special dietary requirements: _____

Continued over.....

Office use - JI's sent: _____

