

APPLICATION FOR RECOGNITION – DISTANCE LEARNING COURSES

Full name of Principal	
Full name of training centre	
Address	Postcode:
	Tel No Email Website

Is your centre currently recognised for other RYA courses? Yes / No

Details of your proposed distance learning course:

Type of course (please tick):	Delivery method (please tick):
<input type="checkbox"/> Day Skipper	<input type="checkbox"/> online
<input type="checkbox"/> Coastal Skipper/Yachtmaster Offshore	<input type="checkbox"/> CD rom
<input type="checkbox"/> Yachtmaster Ocean	<input type="checkbox"/> paper
	<input type="checkbox"/> other (give details)

Please tick which RYA intellectual property is requested:

Training charts	<input type="checkbox"/> Chart 3 <input type="checkbox"/> chart 4 <input type="checkbox"/> chart 5 <input type="checkbox"/> chart 6
Training Almanac	<input type="checkbox"/> Northern hemisphere <input type="checkbox"/> Southern hemisphere
ROM2	<input type="checkbox"/>
Day Skipper Shorebased Notes (DSN 2007 edition reprinted 2011, or later version)	<input type="checkbox"/> Please include a list of images required and their page numbers with your application.
Yachtmaster Shorebased Notes (YSN 2005 edition reprinted 2011, or later version)	<input type="checkbox"/> Please include a list of images required and their page numbers with your application.

Please supply by post or email:

- Mock ups of the course design
- Details of how navigation through the course will work
- How you will run the assessment
- Details of your business model

I have read and understand the conditions of recognition and conduct of courses set out in the Guidance Notes for Shorebased Recognition.

I understand that it is a condition of recognition that an initial recognition fee may be payable to the RYA on application and an annual fee payable thereafter during January.

The appropriate fee(s) are attached, if applicable.

I understand that recognition may be withdrawn at the discretion of the RYA and that the RYA can spot check a course at any time.

I enclose an Account Application form (required for new centres only) Yes/No

Signed:

(Principal) Date:

