

## **Practical Report – Cruising Instructor Reassessment**

	PLEASE USE BLOCK CAPITALS			
Candidates Name		RYA Membership Number		
Date of Birth			Region	
Venue			Assessment Date	

I can / cannot recommend this candidate as an RYA Cruising Instructor Motor / Sail

	N (SUMMARY OR ATTACH):		
TASKS CARRIED OUT:			
SUBJECTS TAUGHT:			
RESULT / COMMENTS:			
INSTRUCTOR SIGNED		PRINT NAME	ACTION PLAN SET? YES/NO