

## **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 |