RA

Instructor Revalidation Form

This form can be completed online at www.rya.org.uk/go/revalidate. If you complete it online you do not need to also complete the form below.

Please read and complete the following before signing at the bottom of the form to confirm that you agree to the declaration:

➤ I have read and agree to abide by the RYA Instructor Code of Conduct. I acknowledge that failing to abide by the RYA Instructor Code of Conduct, or otherwise engaging in behaviour that falls below the standard expected of an RYA instructor or risks bringing the RYA into disrepute, may result in the withdrawal of my RYA instructor qualifications

Please attach passport photo of yourself with name written on reverse

- ➤ 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
- ➤ I have checked my personal information is correct on my personal profile. This is accessible by logging onto the RYA website: www.rya.org.uk/go/signin
- ➤ I confirm that for my certificate to be valid that I must hold a First Aid certificate that meets the minimum requirements as stated on www.rya.org.uk/go/firstaid
- ➤ I confirm that I am a current member of the RYA or a member of a national governing body in my country of residence for my boating activity *If you are currently not a member, please complete an RYA Membership application and enclose this with your renewal
- ➤ Instructing Experience: Please summarise your instructing experience gained within the <u>relevant</u> RYA training scheme, at an RYA Recognised Training Centre within the last 5 years. If your qualification is more than one year out of date or if you have not completed more than 30 hours of instructing, you must download and complete an Instructor Observation Form

Qualification being revalidated:

Year	No. of hours	Type of course and level	Name of RYA Recognised Centre(s)

I confirm that I am	in agreement v	vith the above	declarations	and the above	information is	correct to th	ie best
of my knowledge:							

Print Name	RYA Ref No
Signed	Date

The data recorded on this form will be checked by the RYA and transferred onto a central database for the purposes meeting our contractual obligations in managing your qualification and the RYA training scheme. This includes verifying your qualification and communicating with you about areas relevant to your qualification such as revalidation notifications or scheme updates. Your personal data will be processed in line with our Privacy Policy www.rya.org.uk/go/privacy Once completed, please return this form to our Certification Department: Certification, RYA House, Ensign Way, Hamble, Southampton, SO31 4YA