

British Skydiving

5 Wharf Way, Glen Parva Leicester, LE2 9TF

0116 278 5271 info@britishskydiving.org britishskydiving.org

BRITISH SKYDIVING INSTRUCTOR COURSE APPLICATION FORM/CI RECOMMENDATION TANDEM & AFF

DETAILS OF APPLICANT	
Full Name (BLOCK CAPITALS)	
British Skydiving Membership No	British Skydiving Licence No
COURSE APPLIED FOR Please tick appropriate box✓	
Tandem Instructor (TI)	Accelerated Free Fall Instructor (AFFI)
Location and Date of Course Applied f	or
Tandem candidates to state the type of	of equipment they will be using on the Course
ensuring there is a designated quiet room coloured sheets. If you want to let us know Training and Competitions (Jeff@britishsk relation to accommodating your needs wheeld the Examiners or host CI are made aware of your needs wheeld the same needs wheeld the needs wheeld the same needs wheeld the same needs wheeld the need	ure our Instructor Courses are accessible to all candidates. For example, by on site or making reasonable adjustments, such as providing any test papers or of any particular needs you have, please send details to our Head of Safety, ydiving.org). This information will be treated as confidential and used solely in the course. In some cases, it is helpful if the Course Director, relevant our needs so that necessary measures can be actioned. So, please make sure the there you give consent to share this information with these parties.
CI'S RECOMMENDATION I certify that the above-named applicant f (Instructors) for the type of course applied	ulfils the requirements of the British Skydiving Operations Manual in Section 4 for.
Name of PTO	_CI Name (print)Membership No
Signed	Date
***Cls should only apply for a place on a co	urse once the potential candidate holds all the required qualifications to attend.
CODE OF PRACTICE FOR BRITISH SKYDI	
	R APPLYING FOR AN INSTRUCTOR COURSE*** by the Code of Practice for British Skydiving Instructors and Coaches.
_	Print NameDate
PAYMENT DETAILS	or AFF and Tandem Instructor Courses and is not refundable, except in exception
	ly completed and returned with your remittance to British Skydiving HC t of your completed application, you will be sent a confirmation e-mail and a separ
The payment information below is provide outlined in this form, and not for any other	d at the applicant's own risk and will only be used by British Skydiving for the f purpose.
	A ELECTRON card to the value of £400.00 as follows: nent because it costs British Skydiving less to process a payment received by
NAME of credit/debit card holder (Print) _	
Card Number:	Expiry Date:
Issue Number: (if applicable)Valid fro	n Date: (if applicable)Security Number:
Signature:	Date:

British Skydiving is the trading name of British Parachute Association Ltd. A company limited by guarantee. Registered in England & Wales no 875429. Registered office: 5 Wharf Way, Glen Parva, Leicester LE2 9TF.

Form 183(a) Issue 14, Nov 2023