Branch Instructor Course
Application/Recommendation Form

Name:	
Address:	
Post code:	
Phone:	
Email address:	
Branch:	
Membership No:	

Prerequisites to course attendance (Please bring your Qualification Record book & log book to the course)	**Completed (√)**
1. Hold current membership of ScotSAC	
2. Hold a current medical certificate	
3. Be aged 18 or over	
4. Have been a ScotSAC Sport Diver or equivalent for at least 18 months	
5. Have at least 75 correctly logged dives in UK or similar waters	
6. Have completed the 'Master Diver' Dive Leader training component, or hold a recognised 'Dive Leader' qualification.	
7. Have attended the 'Master Diver' lectures: Advanced Decompression and Safety & Emergency Procedures.	

Cross Over Instructors from other dive organisations (please note items 6 & 7 above are not applicable)

I, _____, am a fully qualified open water instructor with PADI / BSAC / SAA / SSI / Other (delete as appropriate). The qualification I posses is _____ .
Please bring your qualification evidence to the course.

Signed	**Instructor number**	Date

Branch Diving Officer recommendation (in the case of 'Acting BDO' Regional Coach recommendation)

I, _____ Branch Diving Officer / Regional Coach (please delete as appropriate) for _____ Branch, recommend the above candidate for the ScotSAC Branch Instructor Course. In my opinion, (s)he is a competent and active Diver and is a suitable candidate for the role of Branch Instructor. I certify that (s)he has met **ALL** the prerequisites for the course.

Signed	**Instructor number**	Date

Candidate declaration

I have read and understood the Branch Instructor role description and the requirements of the course.
I confirm that I meet **ALL** the prerequisites.
I also understand that I may be required to go through a Protecting Vulnerable Group Scheme check.

Signed	Date

Completed forms should be sent or emailed to: Any queries regarding the course or this form please contact:

The Scottish Sub-Aqua Club   branchinstructor@scotsac.com
Caledonia House,
1 Redheughs Rigg,
South Gyle, Edinburgh, EH12 9DQ
hq@scotsac.com

…………………………………Headquarters use only…………………………………………..	
Date application received:	**Course date:**
Verification of course organiser:	**Confirmed with candidate:**