Form 13 (0809) - AUSI Professional Training Application Form

Name: _____ **Referred by:**

Address: _____

_____ **Postcode:** _____

Phone: _____ **Mobile:** _____

E-mail: _____ **Facsimile:** _____

Facility: _____ **Facility Phone:** _____

Course applied for:

Snorkel Swimming Instructor	☐		
Snorkel Guide	☐		
Snorkel Diver Instructor	☐		
Scuba Instructor	☐	Level	☐

Current highest diving certification:

Agency _____

Level _____

Number _____

Date _____

To be conducted by: _____ **Date:** _____

Number of non-instructional scuba dives:

Total:	☐	
Night:	☐	
Deep:	☐	30-40m (100-133')
Drift:	☐	

The following MUST accompany this application form: (*Scanned documents can be sent by e-mail*)

Appropriate fee (see below – cheque made out to AUSI or credit card)	☐
Two passport photographs **OR** one electronic passport photograph to: info@ausi.com.au	☐
Copy of current highest diving certification	☐
Copy of current medical (Australian Scuba Professionals require AS/NZ 2299.1)	☐
Copy of current work place first aid or approved equivalent	☐
Copy of current CPR or approved equivalent	☐
Copy of current oxygen provider or approved equivalent	☐
Other relevant teaching, instructing or coaching qualifications	☐

AUSI Fees:	**AUD**		**Includes AUSI Membership to end of current year plus:**
Snorkel Swimming Instructor	$55	☐	Course Notes & Workbook
Snorkel Guide	$55	☐	Course Notes & Workbook
Snorkel Diver Instructor	$110	☐	Course Notes, Workbook & Training Record
Scuba Instructor	$880	☐	Course Notes, Workbook, Training Record & Examination

Credit Card Payment Type of Card: Visa ☐ MasterCard ☐ Bankcard ☐

Amount authorised _____ Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Holder _____ Signature _____ Exp. Date ___ / ___

Applicant's Declaration: I hereby declare that the information provided in this application is to the best of my knowledge true and correct and I agree to abide by AUSI Standards, AUSI Procedures and AUSI Teaching Guidelines when conducting AUSI Programs and I understand that materials I can download from www.ausi.com.au are protected by international copyright laws and that downloaded materials can only be used for my own personal use unless I have received written authorisation from AUSI Pty Ltd. I further acknowledge that I have read and agree to the terms and conditions as specified in the AUSI Open Licence agreement. I also understand that my personal information will not be passed on to any third party by AUSI without my express permission. I further declare that to the best of my knowledge I am not under any outstanding ethics complaint.

Applicant's signature: _____ Date: _____

Return completed form with relevant documentation and payment to:

AUSI PO Box 202 Queenscliff Victoria 3225 AUSTRALIA

Fax: +61 3 5255 4455 **E-mail: info@ausi.com.au**