Form 7 (0610) - AUSI CROSS-OVER APPLICATION FORM

Name: _____ **Referred by:**

Address: _____

_____ **Postcode:** _____

Phone: _____ **Mobile:** _____

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

Facility: _____ **Facility Phone:** _____

Qualification applied for:

Snorkel Guide*			
Snorkel Diver Instructor**		Level	
Snorkel Diver Instructor Trainer**		Level	
Scuba Guide*		Level	
Scuba Assistant Instructor*			
Level I Scuba Instructor *			
Level II-VI Scuba Instructor**			
Scuba Instructor Trainer (LVII)**		Level	
Scuba Instructor Examiner (LVIII)**			

Current highest diving certification:

Agency _____

Level _____

Number _____

Date _____

Number of certifications issued:

Open Water		**Other relevant experience:**
Advanced		
Deep		
Rescue		
Dive Master		

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

Appropriate fee (see below) – cheque made to AUSI or credit card or Pay Pal via web site	
Two passport photographs **OR** one electronic passport photograph to: info@ausi.com.au	
Copy of current professional 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 **OR**	
Current oxygen provider instructor or approved equivalent for Level V Scuba and higher	
Other relevant current teaching, instructing or coaching qualifications	

Snorkel endorsement: (Optional for scuba) **Certification Duck Dive** (Max. comfortable depth): m/ft

Assessed by: **Instructor No.** **Date :**

AUSI Cross-Over Fee: **AUD** **$**

See information sheet for appropriate fee.

Note: *Fee includes electronic files ie Course Notes, Workbook and Standards & Procedures Exam and upon completion AUSI Certification Card, AUSI Membership to end of current year and relevant rebate package.*

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:

73 Silverdale Road, Eaglemont, Victoria AUSTRALIA

Fax: +61 405069792 **E-mail: info@ausi.com.au**