



# IANTD UK

## Diver Registration

OC

### STUDENT DETAILS: (to be completed in full by the student)

IANTD DIVER No. (if applicable): ..... DOB: ..... GENDER: .....

FIRST NAME: ..... MIDDLE NAME: ..... SURNAME: .....

ADDRESS: .....

.....

.....

COUNTRY: ..... POST CODE: .....

EMAIL: ..... PHONE: .....

**NOTES:** Please complete and return this form along with a passport-style photo to your instructor

Please tick this box if you do not wish to be included in the IANTD UK mailing list:

### COURSE PREREQUISITES: (to be completed by the instructor)

**QUALIFICATIONS PRESENTED TO SHOW THAT COURSE PREREQUISITES HAVE BEEN MET ACCORDING TO THE IANTD STANDARDS:** (please list agency level)

COURSE TITLE: .....

CERTIFYING AGENCY: ..... AGENCY CERTIFICATION # .....

TOTAL DIVES: ..... PLEASE INITIAL TO INDICATE CERTIFICATION CHECKED

### COURSE DETAILS: (to be completed in full by the instructor)

COURSE TITLE: .....

START DATE: ..... FINISH DATE: .....

INSTRUCTOR: ..... INSTRUCTOR NO.: .....

IANTD FACILITY: .....

COURSE LOCATION: .....

NO. OF DIVES: ..... INWATER MINUTES: .....

**THIS STUDENT HAS COMPLETED THE REQUIREMENTS FOR CERTIFICATION:**

INSTRUCTOR SIGNATURE: ..... (invalid unless signed) DATE: .....

**NOTES:** Please ensure that this form is completed in full and is supplied with a passport-style student photo.

### HQ USE ONLY:

Date Received: ..... Date Processed: .....