www.britishskydiving.org

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BRITISH SKYDIVING INSTRUCTOR COURSE APPLICATION FORM/CI RECOMMENDATION
CSBI, AFFBI, TBI, CSI, PRE-ADV, ADVANCED, OBSERVER

DETAILS OF APPLICANT

FULL NAME (BLOCK CAPITALS)_____

BRITISH SKYDIVING MEMBERSHIPNO._____BRITISH SKYDIVING LICENCE NO._____

COURSE APPLIED FOR

Category System Basic Instructor (CSBI)	☐	Pre-Advanced Instructor Assessment	☐
Tandem Basic Instructor (TBI)	☐	Advanced Instructor (AI)	☐
AFF Basic Instructor (AFFBI)	☐	Observer	☐
Category System Instructor (CSI)	☐		

Location and Date of Course Applied for_____

CI'S RECOMMENDATION

I CERTIFY THAT THE ABOVE-NAMED APPLICANT FULFILLS THE REQUIREMENTS OF THE BRITISH SKYDIVING OPERATIONS MANUAL FOR THE TYPE OF COURSE APPLIED FOR, AND THAT THEY CURRENTLY HOLD THE FOLLOWING QUALIFICATIONS:

Please tick appropriate box✓

PACKING CERTIFICATE ☐ Endorsed Correctly ☐ British Skydiving Stamped ☐

RADIO OPERATORS CERTIFICATE OF COMPETENCE (Not applicable for TBI) ☐

CANOPY HANDLING COACH QUALIFICATION (Not applicable for TBI) ☐

CI NAME (print)_____ Membership No _____

Signed_____ Date_____

CIs SHOULD ONLY APPLY FOR A PLACE ON A COURSE ONCE THE POTENTIAL CANDIDATE HOLDS ALL OF THE REQUIRED QUALIFICATIONS TO ATTEND.

PAYMENT DETAILS

An administration fee of £150.00 is required for **all** the above British Skydiving Instructor Courses with the exception of those wishing to observe and is not refundable, except in exceptional circumstances. **It is very important that this form is fully completed and returned with your remittance to the British Skydiving HQ to secure your place on a Course**. On receipt of your completed application you will be sent a confirmation e-mail and a separate receipt for the remittance.

*Please delete as appropriate

I ENCLOSE a Cheque*/Postal Order* to the value of £150.00 made payable to `British Skydiving`

OR, please debit my MASTERCARD* / VISA* / VISA ELECTRON* card as follows:

Card Number: | | | | | | | | | | | | | | | | | | | | Expiry Date:_____

Issue Number: (if applicable)_____ Valid From Date: (if applicable)_____Security Number:_____

Signature_____Date_____

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