



British Skydiving
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BRITISH SKYDIVING INSTRUCTOR COURSE APPLICATION FORM/CI RECOMMENDATION TANDEM & AFF

DETAILS OF APPLICANT

Full Name (BLOCK CAPITALS) _____

British Skydiving Membership No. _____ British Skydiving Licence No. _____

COURSE APPLIED FOR

Please tick appropriate box ✓

Tandem Instructor (TI)

Accelerated Free Fall Instructor (AFFI)

Location and Date of Course Applied for _____

Tandem candidates to state the type of equipment they will be using on the Course _____

CI'S RECOMMENDATION

I certify that the above-named applicant fulfils the requirements of the British Skydiving Operations Manual in Section 4 (Instructors) for the type of course applied for.

Name of PTO _____ CI Name (print) _____ Membership No _____

Signed _____ Date _____

CIs should only apply for a place on a course once the potential candidate holds all the required qualifications to attend.

CODE OF PRACTICE FOR BRITISH SKYDIVING INSTRUCTORS AND COACHES

TO BE COMPLETED BY INDIVIDUAL MEMBER APPLYING FOR AN INSTRUCTOR COURSE

I have read, understood and agree to abide by the [Code of Practice](#) for British Skydiving Instructors and Coaches

Signed _____ Print Name _____ Date _____

PAYMENT DETAILS

An administration fee of £300 is required for AFF and Tandem Instructor Courses and is not refundable, except in exceptional circumstances.

It is very important that this form is fully completed and returned with your remittance of £300 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.

The payment information below is provided at the applicant's own risk and will only be used by British Skydiving for the fee outlined in this form, and not for any other purpose.

Please debit my MASTERCARD / VISA / VISA ELECTRON card to the value of £300.00 as follows:

Debit card is the preferred method of payment because it costs British Skydiving less to process a payment received by this method than by credit card or cheque.

NAME of credit/debit card holder (Print) _____

Card Number: _____ Expiry Date: _____

Issue Number: (if applicable) _____ Valid from Date: (if applicable) _____ Security Number: _____

Signature: _____ Date: _____

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