

British Skydiving
5 Wharf Way, Glen Parva
Leicester, LE2 9TF
0116 278 5271
info@britishskydiving.org
britishskydiving.org

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

<u>DETAILS OF APPLICANT</u>		
Full Name (Block Capitals)		
British Skydiving Membership no	British Skydiving Licence No	
COURSE APPLIED FOR Please tick appropriate box✓		
Category System Basic Instructor (CSBI) $\Box$	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		
ensuring there is a designated quiet room on coloured sheets. If you want to let us know of Training and Competitions (Jeff@britishskydi relation to accommodating your needs while Examiners or host Cl are made aware of your that your email lets the Head of S,T&C know v CI'S RECOMMENDATION	any particular needs you have, please send oving.org). This information will be treated as on the course. In some cases, it is helpful if the needs so that necessary measures can be accepted by the course. In some cases, it is helpful if the needs so that necessary measures can be accepted by the course of th	details to our Head of Safety, confidential and used solely in ne Course Director, relevant ctioned. So, please make sure nation with these parties.
I certify that the above-named applicant fulfi (Instructors) for the type of course applied fo	r.	
Name of PTOCI N	ame (print)Meml	pership No
Signed	Date	
***Cls should only apply for a place on a course  CODE OF PRACTICE FOR BRITISH SKYDIVIN  ***TO BE COMPLETED BY INDIVIDUAL MEMBER A  I have read, understood and agree to abide by	IG INSTRUCTORS AND COACHES  APPLYING FOR AN INSTRUCTOR COURSE***	
Signed	Print Name	Date
PAYMENT DETAILS  An administration fee of £200.00 is required those wishing to observe and is not refundable.		
It is very important that this form is fully co secure your place on a Course.	mpleted and returned with your remittance	e to British Skydiving HQ to
The payment information below is provided at fee outlined in this form, and not for any other	t the applicant's own risk and will only be use r purpose.	ed by British Skydiving for the
Please debit my MASTERCARD / VISA / VISA IDebit card is the preferred method of paymenthis method than by credit card or cheque.		
NAME of credit/debit card holder (Print)		
Card Number:	1 1 1 1 1 1 1 1 1	Expiry Date:
Issue Number: (if applicable)	Valid from Date: (if applicable)	Security Number:
Signature:	Date:	

Form 183 Issue 20, Nov 2023