

Qualification card application form

Payment Required



Applicant details		PLEASE USE CAPITALS	BSAC Membership no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First name:	<input type="text"/>										
Surname:	<input type="text"/>										
Address:	<input type="text"/>										
Postcode:	<input type="text"/>					Tel:	<input type="text"/>				
Email:	<input type="text"/>					Date of Birth:	<input type="text"/>				

PHOTOGRAPH

Attach a photo with your name and membership number on the reverse. Alternatively, email a photo to: qcards@bsac.com attaching a file in jpg format, naming the file: 'last name_first name_membership number'

The photo must comply with passport standards and have a plain light background.

Relevant BSAC qualifications include a qualification card via the Pre-payment URN system. Additionally, BSAC nationally awarded qualifications include a card sent as part of certification for OWI, AI, NI, Snorkel Instructor and First Class Diver. Use this form to order qualification cards to replace lost cards, cards for existing qualifications that did not include cards. Please ensure that the cards you are ordering are shown on your record on MyBSAC or submit copies.

Diver/Snorkel Grades	Skill Development Courses 1
Technical Diver Grades	Skill Development Courses 2
Instructor Grades	Skill Development Courses 3
Technical Instructor	Workshops
Specialist Instructor Grades	

Multiple Q-Cards can be ordered for Skill Development Courses - use boxes 1, 2 and 3

MUST be completed by the Branch Diving Officer, Lead or Centre Instructor

I confirm that this student has received training for the qualification shown and to be provided with a qualification card.

If training was completed in a **Dry Suit** please tick this box

Branch DO/Centre Instructor: Instructor no: Signature:

Branch/Centre Name:..... Course date:.....

Payment information	Card number:	<input type="text"/>									
Name on Card:	Expiry date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CVC no: (last 3 numbers on signature strip)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Signature:	Valid from date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue number: (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date:											

Please e-mail this form to your instructor together with your photo