



10, Chapel Hill, Stansted, Essex CM24 8AG
T/F 08700 502 254 E info@2dive4.co.uk W www.2dive4.co.uk

ASSISTANT INSTRUCTOR BOOKING FORM

Name:	
Address:	
Town:	
County:	
Postcode:	
Telephone:	
Mobile:	
Email:	

Date of Birth:	
Course:	Assistant Instructor
Course Price:	£425
Course Dates:	
Booking Ref:	AI

****Proof of Divemaster Certification must be shown prior to the start of this course****
****Application to PADI for Certification is payable directly to PADI and not included within this course price****

Payment Details:

To secure the booking of your course, 2DiVE4 require full payment of the course price. Please return all four pages of your booking form to us at the above address ensuring everything is completed and signed in full. Please make cheques payable to 2DiVE4.

Course Materials Required - (The IDC Crewpack is not included in the price of this course)

Materials included within the IDC Crew Pack

- PADI Instructor Manual (71120 or CD 70827)
- Instructor Candidate Workbook (70508)
- The Law and the Diving Professional (70197)
- The Business of Diving (70166)
- Children and Scuba Diving (70099)
- The Best of The Undersea Journal (79510)
- Open Water Lesson Planning Slate (60571)
- Confined Water Lesson Preparation Slate (60573)
- Open Water Aquatic Cue Cards (60202)
- Confined Water Aquatic Cue Cards (60194)
- Adventures in Diving Aquatic Cue Cards (60196)
- Rescue Diver Aquatic Cue Cards (60205)
- Divemaster Aquatic Cue Cards (60207)
- Discover Scuba Diving Aquatic Cue Cards (60130)
- PPB Specialty Instructor Specialty Instructor Outline (70236)
- Project AWARE Specialty Program Instructor Outline (70239)
- Aware Coral Reef Conservation Specialty Instructor Outline (70242)
- Open Water Diver Quizzes and Exam booklet (71023)
- Rescue Diver Final Exams Booklet (70305)
- Divemaster Final Exams Booklet (71310)

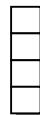
Materials not included in the IDC Crew Pack

- A.W.A.R.E – Our World Our Water Manual (70241)
- RDP Table - including associated instructions for use booklets (60055 & 69164)
- RDP Wheel - including associated instructions for use booklets (60048 & 69462)
- eRDP (70028)
- Open Water Diver Manual (71142 includes RDP Table)
- Adventures in Diving Manual (70014)
- Rescue Diver Manual (70080)
- Divemaster Manual (70090)
- Diving Knowledge Workbook (70214)
- Encyclopaedia of Recreational Diving (70833)

Please could you tell us how you heard about 2DiVE4??

Checklist

- Have you enclosed your booking form?
- Have you signed and enclosed the terms and conditions?
- Have you enclosed your payment?
- Have you enclosed your medical questionnaire?



(Unless paid by credit card)

LOOK FORWARD TO SEEING YOU UNDERWATER VERY SOON!!



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Terms & Conditions

- Cancellation or any change in dates with result in full loss of the payment for your course.
- If the weather or any other circumstance beyond the control of 2DiVE4 causes the course to be delayed, changed or cancelled, no liability can be accepted by 2DiVE4 for consequential loss, damage or expense incurred.
- Candidates using equipment loaned to them by 2DiVE4 and/or its instructors are financially liable for the cost of a new replacement item(s) if mentioned items are not returned in the same condition as they were borrowed or if they are lost.
- Candidates using their own diving equipment must inform the course instructor who will decide if it is suitable.
- 2DiVE4 or its employees cannot be held responsible for damage to equipment or injury caused by your negligence or otherwise.
- I understand reasonable time will be allocated to my training, however, if additional training is required to reach my certification level I understand that I will be financially liable for this additional instruction.
- I understand that my course is performance based and that if I do not reach a standard considered acceptable to my instructors I will fail my course and will still be liable for the full course fee. If I wish to repeat the course I will have to pay the course fee unless otherwise agreed.
- I understand that if not enough participants are found for my course, the dates may be changed. 2DiVE4 will not be held responsible for any additional expense this may cause.
- I understand that my course may be re-scheduled without refund of deposit if knowledge reviews are not completed prior to course start date and that any re-scheduled courses must be paid in full again.
- I understand that 2DiVE4 will not be held responsible for any of my personal belongings during the period of my course and it is recommended that jewellery be taken off during diving.

I have read the terms and conditions above. I fully understand them and agree to all the terms and conditions:

Participants/Payees Signature: _____

Date: _____

Signature of Parent or Guardian (Participants under 18)



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DIVERS MEDICAL QUESTIONNAIRE

The purpose of this medical questionnaire is to find out if you should be examined by your Doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. **If any of these items apply to you, we must request that you consult with a physician prior to participating in Scuba Diving. Your Instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.**

- Y or N Could you be pregnant, or attempting to become pregnant?
- Y or N Are you presently taking prescription medications? (with the exception of birth control and anti-malarial)
- Y or N Are you over 45 years of age and can answer YES to one or more of the following?
- Currently smoke a pipe, cigars or cigarettes
 - Have a high cholesterol level
 - Have a family history of heart attack or stroke
 - Are currently receiving medical care
 - High blood pressure
 - Diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have.....

- Y or N Asthma, or wheezing with breathing, or wheezing with exercise?
- Y or N Frequent or severe attacks of hayfever or allergy?
- Y or N Frequent colds, sinusitis or bronchitis?
- Y or N Any form of lung disease?
- Y or N Pneumothorax (collapsed lung)?
- Y or N Other chest disease or chest surgery?
- Y or N Behavioural health, mental or psychological problems (panic attack, fear of closed or open spaces)?
- Y or N Epilepsy, Seizures, convulsions or take medications to prevent them?
- Y or N Recurring complicated migraine headaches or take medications to prevent them?
- Y or N Blackouts or fainting (full or partial loss of consciousness)?
- Y or N Frequent or severe suffering from motion sickness (seasick, carsick etc)?



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- Y or N Dysentery or Dehydration requiring medical intervention?
- Y or N Any dive accidents or decompression sickness
- Y or N Inability to perform moderate exercise (example 1.6km/1 mile within 12 mins)?
- Y or N Head injury with loss of consciousness in the past 5 years?
- Y or N Recurrent back problems?
- Y or N Back or spinal surgery?
- Y or N Diabetes?
- Y or N Back, arm or leg problems following surgery, injury or fracture?
- Y or N High blood pressure or take medicine to control blood pressure?
- Y or N Heart Disease?
- Y or N Heart Attack?
- Y or N Angina, heart surgery or blood vessel surgery?
- Y or N Sinus Surgery?
- Y or N Ear disease or surgery, hearing loss or problems with balance?
- Y or N Recurrent ear problems?
- Y or N Bleeding or other blood disorders?
- Y or N Hernia?
- Y or N Ulcers or ulcer surgery?
- Y or N A Colostomy or Ileostomy?
- Y or N Recreational drug use or treatment for alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Participants Signature: _____

Date: _____

Signature of Parent or Guardian (Participants under 18)