

F3/1107 - AUSI SCUBA PROFESSIONAL REGISTRATION FORM

Name _____	AUSI Number (if renewing) _____
Address _____	Recruited by: _____
_____	Postcode _____
Phone _____	Mobile _____
E-mail _____	Facsimile _____
Facility _____	Facility Phone _____

Qualification applied for: Level VI Professional <input type="checkbox"/> Scuba Adventure Instructor <input type="checkbox"/> Scuba Instructor <input type="checkbox"/> Level <input type="checkbox"/> Scuba Instructor Trainer <input type="checkbox"/> Level <input type="checkbox"/> Scuba Instructor Examiner <input type="checkbox"/> Other Scuba Qualifications (Highest Level): Agency: _____ Level: _____ Date: _____ Number: _____	Type of Registration: New <input type="checkbox"/> Cross Over <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/>
--	--

Certification requirements: *Please enclose photocopies of:*

Current medical (Australian Scuba Professionals require AS/NZ 2299.1)	<input type="checkbox"/>
Current work place first aid or approved equivalent	<input type="checkbox"/>
Current CPR or approved equivalent	<input type="checkbox"/>
Current oxygen provider or approved equivalent OR	<input type="checkbox"/>
Current oxygen provider instructor or approved equivalent for Level V Scuba and higher	<input type="checkbox"/>
Current highest other agency certification	<input type="checkbox"/>

Scuba Instructor Upgrade: *Please enclose Update Fee: AUD\$15.00 (includes GST, postage & handling)*

I _____ the Verifying Instructor, AUSI Instructor Number _____ declare that the applicant has meet the requirements for an Upgrade from _____ to _____ as laid out by the relevant AUSI Standards.

Verifying Instructor's Signature _____ Date _____

Other enclosures: Two passport photographs – <u>All</u> applicants <input type="checkbox"/> Course Records & Workbook - <u>New</u> applicants <input type="checkbox"/> Fees – Cheque, Money Order or Credit Card (see below) <input type="checkbox"/> Cross Over Fee & Joining Fees: AUSI Scuba Professional Pack (including GST, P&H) <input type="checkbox"/> \$555 *AUSI Scuba Adventure Instructor <input type="checkbox"/> \$110 AUSI Level VI Professional & AUSI Level I Scuba Instructor <input type="checkbox"/> Zero	Renewal fees: <i>Choose one from the options below:</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">AUSI Level VI Professional</td> <td style="text-align: right; border: 1px solid black;">\$55</td> </tr> <tr> <td style="text-align: right;">AUSI Level I Scuba Instructor</td> <td style="text-align: right; border: 1px solid black;">\$55</td> </tr> <tr> <td style="text-align: right;">*AUSI Scuba Adventure Instructor</td> <td style="text-align: right; border: 1px solid black;">\$55</td> </tr> <tr> <td style="text-align: right;">*AUSI Scuba Instructor</td> <td style="text-align: right; border: 1px solid black;">\$110</td> </tr> </table> *Fees include AUSI Certification Forms to the value of	AUSI Level VI Professional	\$55	AUSI Level I Scuba Instructor	\$55	*AUSI Scuba Adventure Instructor	\$55	*AUSI Scuba Instructor	\$110
AUSI Level VI Professional	\$55								
AUSI Level I Scuba Instructor	\$55								
*AUSI Scuba Adventure Instructor	\$55								
*AUSI Scuba Instructor	\$110								

Credit Card Payment Type of card: **Visa / MasterCard / Bankcard** or send cheque or money order with form

Amount authorised _____ Card Number

Card Holder: _____ Signature: _____ Exp. Date: ____ / ____ / ____

Applicant's Declaration: I hereby declare that the information provided in this application is to the best of my knowledge true and correct and I agree to abide by AUSI Standards, AUSI Procedures and AUSI Teaching Guidelines when conducting AUSI Programs and I understand that materials I can download from www.ausi.com.au are protected by international copyright laws and that downloaded materials can only be used for my own personal use unless I have received written authorisation from AUSI Pty Ltd. I further acknowledge that I have read and agree to the terms and conditions as specified in the AUSI Open Licence agreement and also understand that my personal information will not be passed on to any third party by AUSI without my express permission. I further declare that to the best of my knowledge I am not under any outstanding ethics complaint.

Applicant's Signature: _____ **Date:** _____

Annual Renewal is required by 30 November each year.

Please return completed form with relevant documentation and payment to:
AUSI PO Box 202 Queenscliff Victoria 3225 AUSTRALIA or Fax: +61 3 5255 4455 or E-mail: ausi@ausi.com.au