



# MARINE PRO ACADEMY

## **Instructor Details**

## Personal details:

<b>Title:</b>		<b>First Name:</b>	
<b>Last Name:</b>		<b>Preferred:</b>	
<b>Address:</b>			
<b>Post Code:</b>		<b>Date of Birth:</b>	
<b>Tel (home):</b>		<b>Tel (mob):</b>	
<b>Email:</b>			

## Next of Kin:

<b>Title:</b>		<b>First Name:</b>	
<b>Last Name:</b>		<b>Relation:</b>	
<b>Emergency Contact numbers:</b>			

## **Qualifications:**

**Office Use Only:**

RYA certificates shared via MyRYA: Yes / No

Non-RYA certificates on file: Yes / No

Approved by:

Date approved:

1 of 2

**Qualifications:**

Title:	Date:	Expiry:

Medical Type:	Date:	Expiry:

**Notes:**

I have read, understood and agree to Marine Pro Academy Ltd Standard Operating Procedures & policy's .

Signed:	Print (Capitals):	Date:

**Office Use Only:**

RYA certificates shared via MyRYA: Yes / No

Non-RYA certificates on file: Yes / No

Approved by:

Date approved:

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