

Diver Registration Form

PERSONAL DETAILS			
Surname		First Name(s)	
Date of Birth		Phone	
Address			
Email Address			

DIVE EXPERIENCE			
Date Started Snorkelling		Date Started SCUBA Diving	
Details of SCUBA Diving Qualifications			
Instructor's Name & Address			
Recreational Boat Licence		Commercial Vessel Ticket #	
Details of 1 st Aid / Oxygen Therapy Qualifications:			

DIVING EXPERIENCE								
Meters	Approx. Hours		Meters	Approx. Hours		Meters	Approx. Hours	
	Date	Night		Date	Night		Date	Night
0-10			20-30			40-50		
10-20			30-40			50+		

Principle Locations			
Total # of Dives		Deepest Dive	
Date of Most Recent Dive		Depth of Most Recent Dive	

Indicate with the appropriate letter if you have experience in diving in the following situations:
E - Extensive (>30 times); **M** - Moderate (5-30 times); **L** - Limited (1-4 times)

Diving from boats		Shore diving		Penetration diving	
Small boats		Rocks		Cave diving	
Vessels (>7M)		Surf		Wreck diving	
Blue water diving		Mixed gas diving		Low visibility diving (<15M)	
Diving in fresh water		SSBA*		High visibility diving (>15M)	
Diving in mangroves		Diving coral reef		Diving in currents (>0.5k knot)	
Computing aided diving		Diving using air assisted tools		Diving using spear guns	

Details of any Previous Work Related Diving:
If you have ever been involved in a diving accident, please give details:

UDO Only			
Log book checked		Date registered	
Date of dive medical		Restricted / Unrestricted	
Qualifications checked		Date of induction	
Date of skills test		UDO Signature	