

# BRITISH SUB-AQUA CLUB

Skill Development Courses



Examination Report:

## Snorkel Lifesaver Award

Venue .....

Date .....

Organising Branch .....

Branch N° .....

Instructor's name .....

BSAC Mem. N° .....

**Candidates or their Branch are expected to reimburse external instructors' expenses.**

### CANDIDATE DETAILS AND RESULTS

Names, addresses and BSAC membership numbers of all persons attending the examination should be listed in the spaces provided below. This information will be used to prepare course certificates and enter member details onto SDC attendance databases at BSAC HQ, so **please print in capital letters and ensure that entries are clear, legible and complete.** Names should be recorded as members wish to see them on their certificates. Use a Results Continuation Sheet if the number of student exceeds the spaces available on this form. Exam fee £7:00 per candidate (Pass or Fail)

Examiner: Declare the result of the assessment by encircling the word Pass / Fail, as appropriate.

Name .....	Name .....
Address .....	Address .....
.....	.....
..... Postcode .....	..... Postcode .....
Mem. N° ..... PASS / FAIL	Mem. N° ..... PASS / FAIL
Name .....	Name .....
Address .....	Address .....
.....	.....
..... Postcode .....	..... Postcode .....
Mem. N° ..... PASS / FAIL	Mem. N° ..... PASS / FAIL
Name .....	Name .....
Address .....	Address .....
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..... Postcode .....	..... Postcode .....
Mem. N° ..... PASS / FAIL	Mem. N° ..... PASS / FAIL

continued ...

Name .....	Name .....
Address .....	Address .....
.....	.....
..... Postcode .....	..... Postcode .....
Mem. N° ..... PASS / FAIL	Mem. N° ..... PASS / FAIL
Name .....	Name .....
Address .....	Address .....
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..... Postcode .....	..... Postcode .....
Mem. N° ..... PASS / FAIL	Mem. N° ..... PASS / FAIL
Name .....	Name .....
Address .....	Address .....
.....	.....
..... Postcode .....	..... Postcode .....
Mem. N° ..... PASS / FAIL	Mem. N° ..... PASS / FAIL
Name .....	Name .....
Address .....	Address .....
.....	.....
..... Postcode .....	..... Postcode .....
Mem. N° ..... PASS / FAIL	Mem. N° ..... PASS / FAIL

A Candidate Details Continuation Sheet will be provided HQ is notified that more than 14 are to attend the course.

I certify that these members attended all aspects of the Snorkel Lifesaver Award examination and that those who achieved a Pass result are now entitled to receive appropriate certification.

Examiner's name .....

Signature ..... BSAC QI N° .....

Name and full postal address of Branch contact to whom all certification will be sent for local distribution:

Name ..... BSAC Mem N° .....

Address .....

..... Postcode .....

Return this completed form, together with payment of Snorkel Lifesaver Award examination fees (pass or fail) to:

© BSAC 12/07 This completed form should be sent to the Diver Resources Team, British Sub-Aqua Club, Telford's Quay, South Pier Road, Ellesmere Port, Cheshire, CH65 4FL

For HQ Use: Received ..... Processed ..... Fees paid .....