

COURSE APPLICATION FORM (PLEASE COMPLETE IN BLOCK CAPITALS)

APPLICANT INFORMATION

Name:

Date of Birth:     /     /

Email:

Phone:

Address:

Town:

County:

Postcode:

Company:

COURSE INFORMATION

Course name:

Course location:

Course start date:     /     /

Experience to date:

Course end date:     /     /

Qualifications held:

Course fee: £

25% deposit: £

by: Cheque | Cash | Card | Bank Transfer

EMERGENCY CONTACT

Name of relative:

Address:

Phone:

Town:

County:

Postcode:

Relationship:

HEALTH DECLARATION

Details of any Medical Treatment being received:

*(if none, please write none)*

I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, giddy spells, asthma, diabetes or any heart condition, and I am fit to participate in the course.

Please Note – If you suffer from any of the above conditions, it does not necessarily mean If you are in any doubt as to your fitness to take part, you should consult your GP for advice. that you cannot take part in the course but the Principal and your Instructor must be fully aware of any potential problem.




PLEASE TICK TO CONFIRM

## GENERAL DATA PROTECTION REGULATION (GDPR)

iPowerboat Ltd understands the importance of protecting your personal data and takes a proactive approach towards it. We require your personal data to be captured for processing your booking and issuing your certification. Your data may be shared with the course National Governing Body (such as the RYA or MCA) to process the qualification.

Your personal data is securely stored and only held until the course is completed and qualification is issued.

Further details can be viewed on our Privacy Policy online at [www.ipowerboat.co.uk/privacy-cookies](http://www.ipowerboat.co.uk/privacy-cookies)



PLEASE TICK THIS BOX TO GIVE CONSENT FOR  
IPOWERBOAT LTD TO HOLD AND SHARE YOUR DATA

## SIGNATURES

The deposit is not refundable once a place has been confirmed unless the Course is cancelled by iPowerboat Ltd. I shall forfeit all monies if I give notice of cancellation within four weeks of the start of the course. I am confident in the water. I am willing to comply with all health and safety regulations and policies.



PLEASE TICK TO CONFIRM

SIGNATURE OF  
APPLICANT:

DATE:        /        /