



# Maritime Archaeological Association of Victoria

## Divers Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Mobile: \_\_\_\_\_

Year Commenced Diving: \_\_\_\_\_

Highest Diving Qualification / Level: \_\_\_\_\_

Other Relevant Diving Qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Dives Completed: \_\_\_\_\_ Deepest Dive: \_\_\_\_\_

Date of Last Diving Medical: \_\_\_\_\_

Diving Insurance Cover Details: \_\_\_\_\_ (not compulsory)

Ambulance Membership Details & renewal date: \_\_\_\_\_ (compulsory)

First Aid/CPR/Oxygen Administration: \_\_\_\_\_ (not compulsory)

The information I have provided about my diving history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Diving Officer: _____	Date _____
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