

Underwater Training Centre - SA

Po Box 176, Burra SA 5417

Ph/Fax 08 8892 2663



DIVER MEDICAL TECHNICIAN COURSE ENROLMENT FORM

Personal Details

Surname _____

Given Names _____

Address _____

Town/Suburb _____

PC _____

Country _____

Phone Business Hrs _____

Phone Mobile _____

Email _____

Course Enrolment

Please select the course you wish to enrol in, and the start date.

Course

Start Date

Diver Medical Technician

DMT Refresher

Pre-Requisite Details - ALL Courses

Please tick the appropriate box, and fill in the details. This helps speed your enrolment processing.

	Certification Body/Issuing Authority	Expiry Date
<input type="checkbox"/> Workplace First Aid	_____	_____
<input type="checkbox"/> AS2299 Medical – Chamber Operations	_____	_____
<input type="checkbox"/> ADAS Certification	_____	_____

Please bring original copies of all documentation outlining that you meet the pre-requisites.

I have attached a deposit of \$500.00 to secure my place on the above selected course/s. **UTCSEA will send out a Course Handbook and acknowledgement letter of enrolment upon receipt this form and deposit.**

Signed _____ Date _____