



APPLICATION FOR REVALIDATION OF RYA INSTRUCTOR CERTIFICATION

WINDSURFING INSTRUCTORS

RYA Ref No:

Name :

Address:

Tel (day):

Tel (eve):

Tel (mobile):

If any of the details above are incorrect or missing, please enter them below.

Address:

Tel (day):

Tel (eve):

Tel (mobile):

Please note that if you have a level 2 or above instructor qualification and have not already completed a one day conversion course outlining the new coaching model included within the National Windsurfing Scheme, you will need to do so before we can revalidate your qualification.

Conversion course dates are available on the website www.rya.org or you can contact training 0845 345 0402.

Please complete the following information.

|   |        |
|---|--------|
| <b>Your date of birth</b>                           |        |
| <b>Type of current first aid certificate</b>        |        |
| <b>Expiry date of current first aid certificate</b> |        |
| <b>RYA Membership Number</b>                        |        |
| <b>Freelance Instructor (delete as appropriate)</b> | YES/NO |

When you return this form, the following items must be enclosed:

- ✓ Instructor certificate
- ✓ A completed membership form if you are not already a member, or please enter your membership number in the box provided. If you would like to pay for your membership by Credit Card, please complete the box below.

Note for non-RYA members:

It is a requirement that non-RYA members must pay £40 for revalidation of certificates. If you would like to join please complete the membership application form on the reverse of the enclosed letter and return it with this form. If you do not wish to join, please either enclose a cheque for £40 payable to the RYA, or complete the credit card details below.

Fast Track Service - for a small additional charge we can guarantee a 2 working day turnaround from the date we receive the application. If you require this service, please clearly mark your application with "FAST TRACK" and include the additional £10.00 fee.

Credit card number (Visa/Mastercard/Switch)

Start date:

Expiry date:

Security Number:  
(3 digit number on the back of your card)

Switch Issue Number:

Cardholder's name:

Cardholder's address:



**Summary of instructing experience within the RYA's training scheme at an RYA Recognised Training Centre.**

**Section 1**

Note:

- If your qualification is more than one year out of date, it is mandatory to complete section 2 in addition to section 1.
- It must also be within the training scheme relevant to the instructor certificate that you are revalidating.
- A minimum of 30 hours instructional experience must have been gained within the last five years at a RYA Windsurfing centre. If you have not done this, please complete Section 2 below.

| Year | No. of hours instructing experience | Type of course Junior/Adult (including level) | Name of recognised teaching Centre(s) |
|------|-------------------------------------|---|---------------------------------------|
|      |                                     |   |                                       |
|      |                                     |   |                                       |
|      |                                     |   |                                       |

I declare that the above information is correct to the best of my knowledge:

Signed:

Date:

**Section 2**

**This section applies to instructors who have not gained a minimum of 30 hours RYA instructional experience during the last five years or whose qualification is more than one year out of date.**

You must obtain an endorsement from the principal of a RYA Windsurfing Training Centre or a RYA windsurfing trainer, who will observe you assisting on a RYA windsurfing course. They should then complete the following declaration.

**Declaration**

I have observed the person named below instructing on the following course and he/she has demonstrated the skills and up to date knowledge required of an RYA windsurfing instructor. I recommend revalidation of his/her instructor certificate:

Name of Instructor

Date of observation

Type and level of course

Name of principal/trainer

Signature of Principal

Name of recognised training centre

Recognised training centre's stamp

Health Declaration: I declare that I am not suffering from any medical condition which might affect my duty of care as an instructor. I undertake to inform the RYA if this changes.

Signed ..... Date ...../...../.....

**Please return this completed form to:  
 Royal Yachting Association, Certification Department Instructor Revalidations,  
 RYA House, Ensign Way, Hamble, Southampton, Hampshire SO31 4YA.  
 DON'T FORGET THE ENCLOSURES LISTED OVERLEAF**