# Unit Standard Application Form

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|---|---|
| Surname: | First Name: |
| Date of Birth: / / | National Student No: |
| Email: | |
| Postal Address: | |
| Suburb: City: | Postcode: |

☐* Day Skipper - 26542 Level 2, 6 credits Certificate #: _____Issue Date: ___/___/___ $20

☐* VHF - 19491 Level 3, 3 credits Certificate #: _____Issue Date: ___/___/___ $15

☐* MRROC - 19491/19492 Level 3, 5 credits Certificate #: _____Issue Date: ___/___/___ $20

☐* Boatmaster - Currently being revised Please contact info@boatingeducation.org.nz

☐* Advanced Sea Survival - Currently being revised Please contact info@boatingeducation.org.nz

☐ In Water Survival - 29570 Level 2, 2 credits Certificate #: _____Issue Date: ___/___/___ $10

☐ Coastal Medic - 6400 Level 3, 2credits
- 6401 Level 2, 1 credit
- 6402 Level 1, 1 credit Certificate #: _____Issue Date: ___/___/___ $15

Payment Details

**Total $_____**

☐ Visa ☐ Mastercard

Number:_____/_____/_____/_____ CSV:_____

Expiry: ___/_____ Card Holders Name: _____

Signature: _____

Please return with payment to: P O Box 91322, Victoria Street West, Auckland 1142
Email: info@boatingeducation.org.nz Fax 09 376 4775