

APPLICATION FORM

Yes, I want to become a Cruise Director!

PREFERRED INTERNSHIP START DATE (DD/MM/YYYY):	
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PERSONAL DETAILS:

FULL NAME:	
DATE OF BIRTH (DD/MM/YYYY):	
NATIONALITY:	
EMAIL ADDRESS:	
CURRENT CITY & COUNTRY OF RESIDENCE:	
MOBILE NUMBER:	

PLEASE SEND A COPY OF THE ID PAGE OF YOUR PASSPORT ALONG WITH THIS APPLICATION

DIVING EXPERIENCE

CURRENT QUALIFICATION (HIGHEST):	
NUMBER OF LOGGED DIVES:	
TRAVEL INSURANCE DETAILS:	
DIVING INSURANCE DETAILS:	
ADDITIONAL DIVING QUALIFICATION (EFR, TECH, TEACHING SPECIALTIES, STCW, ETC.):	

PLEASE SEND A COPY OF YOUR PROFESSIONAL DIVING QUALIFICATIONS AS WELL AS YOUR DIVE & TRAVEL INSURANCES ALONG WITH THIS APPLICATION