

**SOYC Request for Club Day Skipper Check**

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| **APPLICANT DETAILS** | |
| **Name** |  |
| **E-Mail address** |  |
| **I have read and understood the sailing orders relating to this qualification** | |
| **Signature** |  |
| The following Club skippers have endorsed my application  1. Name………………………………………Signature……………..………….…  2. Name………………………………………Signature……………..………….… | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications**  **(\*Delete as appropriate)** | | **Certificate details** | |
| **Date** | **Number** |
| RYA Shore-based Theory Course Certificate. \*(DS/CS/YM) | |  |  |
| RYA Practical Course. \*(DS/CS) | |  |  |
| Maritime Radio Operator Certificate of Competence | |  |  |
| First Aid Certificate. | |  |  |
| Logged Sea time  *To be confirmed by Checkout skipper:* | **Total Days** | **Club Days** | **Night hours** |
|  |  |  |

*To be completed by checkout skipper*

|  |  |
| --- | --- |
| Date Checkout completed |  |
| Result |  |
| Feedback/Development areas |  |

Name and signature of checkout skipper

Please complete this form , add scanned copies of any certificates not already noted on your Club Record. Send it to the Director of Sailing, [sailing@soyc.co.uk](mailto:sailing@soyc.co.uk) and to [training@soyc.co.uk](mailto:training@soyc.co.uk)