

Bespoke Diving Services - Student Experience Record

Name: _____ Date: _____

Date of Birth: (Day/Month/Year) _____ Phone Number: _____

Address: _____

email: _____

Initial Open Water Certification Date: _____ Total Career Dives: _____

Deepest Dive Depth: _____ Longest Dive Time: _____

Most Recent Dive Date: _____ Average Dives per Year: _____

Preferred and/or usual type of diving (wreck, cave, reef, deep, quarry, etc):

Highest Diver Level Certification: _____

Instructor: _____ Agency: _____ Date Earned: _____

Highest Professional Level Certification: _____

IT: _____ Agency: _____ Date Earned: _____

Notable Specialties (Advanced Wreck, Deco Procedures, Trimix, etc) and Dates Earned:

What do you wish most to gain from this level of training:

**** On return please include copies of all relevant certifications along with proof of Diver Medical Insurance ****