

Registration to use the Scheme for 2010



Organisation Information

Contact Name: _____
Name & Type of Organisation: _____
Address: _____
Phone No: _____ Fax No: _____
Mobile No: _____
E-mail Address: _____ Website: _____
Syllabus / Program of which the Navigation Scheme will form a part: _____

Names and qualifications of instructors teaching and assessing the scheme

Additional instructors can be added at any time **NB:** If you wish to deliver **Gold** Assessment courses a separate application is necessary, please see website.

_____	_____
_____	_____
_____	_____
_____	_____

Do you wish your details to be listed on the website? Yes No

If yes, please list on separate page any dates and venues of your open courses you wish to be listed on the website.

Copies of all qualification documents enclosed?

£30 registration fee enclosed? (Cheques payable to NNAS, please)

Provider contact signature _____ Date _____

Please return the completed form to the address below:

Note that the office is only staffed two mornings per week. Contact by email is preferred, or leave a message on the answerphone (24 hour).

Data about providers held by NNAS is never distributed to third parties except for checking qualifications with the relevant NGBs. Where providers permission is given, their contact details and, if applicable, information about their open courses are produced on the www.nnas.org.uk website.

National Navigation Award Scheme

33 Stirling Enterprise Park, Springbank Road, Stirling FK7 7RP
Tel: 01786 451307 Fax: 01786 445703
E-mail: info@nnas.org.uk Website: www.nnas.org.uk

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