

Re-registration to use the Scheme for 2010



Organisation Information

Centre ID Number: _____

Contact Name: _____

Name of Organisation: _____

Address: _____

Phone No: _____ Fax No: _____

Mobile No: _____

E-mail Address: _____ Website: _____

Please list any new instructors teaching and assessing the scheme under this registration – please include a copy of their qualifications

For our records, please tell us the numbers that took part in 2009 and their success rate

	Bronze			Silver			Gold	
	NNAS	YNSA		NNAS	YNSA		NNAS	YNSA
Trained:			Trained:			Trained:		
Assessed:			Assessed:			Assessed:		
Failed:			Failed:			Failed:		

Do you wish copies of the NNAS tri-fold leaflet? Yes No

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

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