

## Private Boat Training Request Form

<b>Section 1    Your details</b>
----------------------------------

First name Surname

.....

Address

Suburb State Post Code

.....

HM Phone Mobile

.....

WK Phone Fax

.....

Email:

.....

Emergency Contact Name: Phone

.....

Do you consider yourself to have a disability, impairment or long-term condition?    **No**

If YES, mark any applicable box listed

- |                           |                   |                |
|---------------------------|-------------------|----------------|
| Vision                    | Mental illness    | Hearing / Deaf |
| Acquired brain impairment | Physical          | Learning       |
| Intellectual              | Medical condition |                |

Other: .....

## Private Boat Training Request Form

<b>Section 2 Training Details</b>
-----------------------------------

Preferred Date: ..... Total Hours: ..... @ \$180.00 per hour

Preferred areas of focus:

- |  |   |
|--|---|
| Rules & Regulations                              | Registration & Transfer                           |
| Trip Planning                                    | Buoyage Systems                                   |
| Preparing the boat & crew                        | Simple manoeuvres                                 |
| Suitability & seaworthiness of your vessel       | Using springs & ropes for leaving a wall or jetty |
| Handling your boat offshore                      | Reserving fuel                                    |
| Understanding weather forecasts tides & currents | Using & maintaining safety equipment              |
| Collision regulations                            | Marine Radio                                      |
| Rescue Techniques                                | EPIRB's   |
| Towing Techniques                                | Use of electronic package                         |

Other:.....

**Vessel type Please select the following:**

Training on MTS vessels – Brigg 6.5m

Training on your vessel

**Vessel Details:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Size: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Approval provided for acceptance of liability for any loss / damage / personal injury

Note: Insurance company to email [info@maritimetrainingschool.com.au](mailto:info@maritimetrainingschool.com.au) training approval to be conducted on board your vessel. Once approval email has been received MTS will approve your training request.

