

Bespoke Diving Services - Student Experience Record

Name: _____

Date: _____

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:

Where did you first fall in love with diving:

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 ****