



National Coasteering Charter
promoting safe coasteering

Provider Application Form - NCC Guide Award

Version 2 June 2024

Please use the following form to highlight your experience and evidence that you meet the criteria to make your application to the region and NCC committee.

Name:	
NCC Region:	
Contact Email Address:	
Contact Number:	
Business/Trading Name (if applicable):	
Date of your NCC Guide Award Assessment:	
Name of Provider:	

Please provide a summary of your 600 Hours Experience of Coasteering:
(which would include training and mentoring of coasteering staff)

Please provide a summary of 3 years of experience of Deploying coastering guides and/or adventurous marine water activities:

(Deployment means deciding which members of staff goes where given the conditions of the day)

Please state your award(s) and experience in teaching and/or training/assessing:

(e.g. other NGB TA Status, AET level 3)

Date/location of attendance at anNCC

Bi-Annual Symposium:

(within the last 3 years)

Please summarise your active involvement with the NCC / NCC region over a minimum of 3 years:

(This should include dates of meetings/workshops/regional meets etc.)

Please detail your plans and market research to evidence the demand and need for NCC Guide Award Training and Assessment Courses:

(This should include details of markets you have access to, expected numbers of courses per year, areas or regions where you may deliver your training and assessment)

Any other relevant information that would support your application:

References

Please have this section completed by 2 referees who are current NCC Members. At least one referee must be a current NCC Guide Award Provider

Reference 1

Name:	
NCC Region:	
Contact Email Address:	
Contact Number:	
Business/Trading Name (if applicable):	
Are you an NCC Provider?	
Please provide a supporting statement:	

Reference 2

Name:	
NCC Region:	
Contact Email Address:	
Contact Number:	
Business/Trading Name (if applicable):	
Are you an NCC Provider?	
Please provide a supporting statement:	

For Administration Use Only:

NCC committee to complete

Application received by: (NCC Committee)		Date:	
Candidate approved as a probationary provider by the NCC Committee	Yes	No	
Outcome Communicated	Yes	No	
Signed NCC Chair: Dave Slade			