



Secretariat • Dunantstraat 48 • 2713 VA Zoetermeer • The Netherlands

All Stars Diving
t.a.v. Dhr. D.A. Patuel (secretaris)
Dunantstraat 48
2713 VA ZOETERMEER
The Nederland

E-MAIL ADDRESS: SECRETARY@ALLSTARSDIVING.COM

All Stars Diving
Dunantstraat 48
2713 VA Zoetermeer
The Nederland

E-mail: info@allstarsdiving.com
Internet: <https://allstarsdiving.com>

CoC-number: 83341293

My reference
- Verification form

Your reference
-

Attachments
-

Subject
Verification form

Date

Dear,

The candidate below would like to participate in the SSI Open Water Diver course at the All Stars Diving Foundation. The All Stars Diving Foundation is committed to (former) professional care providers like law enforcement, firefighters, paramedics and (former) employees of the army who have been diagnosed with post-traumatic stress disorder (PTSD) or who suffer from other similar psychological complaints.

On the basis of privacy, we cannot and do not want to ask for information about the medical background. He/ she is of course free to tell this of his own accord during an intake interview. Because we have no commercial purpose and are only committed to (former) professional care providers like law enforcement, firefighters, paramedics and (former) employees of the army who have been diagnosed with post-traumatic stress disorder (PTSD) or who suffer from other similar psychological complaints, we would, in order to prevent abuse, provide a confirmation. want to receive whether the candidate meets the requirement to participate in the course.

If the candidate meets the requirement to participate in this course, please complete and sign this acceptance form. With this you confirm that the person below meets the requirement. If you have any questions, please contact the undersigned by email secretary@allstarsdiving.com or by phone +31(0)6 – 2038 67 47.

CANDIDATE DETAILS

FIRST NAME : _____

LAST NAME : _____

ADDRESS : _____

POSTAL CODE : _____

CITY/ COUNTRY : _____

PHONE NUMBER : _____

E-MAIL ADDRESS : _____

DATE OF BIRTH : _____

GEBOORTEPLAATS : _____

SOCIAL NUMBER : _____

DATA CARE PROVIDER

COMPANY NAME : _____

FIRST NAME : _____

LAST NAME : _____

FUNCTION : _____

ADDRESS : _____

POSTAL CODE : _____

CITY/ COUNTRY : _____

PHONE NUMBER : _____

E-MAIL ADDRESS : _____

SIGNATURE/ STAMP