



CAVE DIVERS ASSOCIATION OF AUSTRALIA

(Incorporated in South Australia)

Advanced Cave Crossover Application Form

Name: _____

Address: _____

Email: _____

Phone (H): _____ Phone (W): _____ Phone (M): _____

Dates of crossover program you are applying for: _____

For current CDAA members only

CDAA Membership Number: _____ CDAA Membership Expiry Date: _____

CDAA Cave Diver Certification Date: _____

Dive Log / Experience Summary

- I have logged a minimum of 25 cave dives (outside of course dives) totalling a minimum of 25 hours with no more than 3 dives to be logged per day.
- I have experience in at least 5 different cave dive sites preferably in two different areas e.g. Nullarbor, NSW, WA, Mt Gambier, overseas

Dive Log

Please list the most recent unsupervised cave dives (i.e. NOT under instruction or as part of any course) below:

Number	Site	Date	Buddy	Dive Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Number	Site	Date	Buddy	Dive Time
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

I certify this to be true and accurate record of my dives.

Total Time: _____mins.

Signature: _____

Dated: _____