



**Application form for organizations
-For the training authorization of the Poseidon Se7en ECCR-**

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|-----------------------------|
| Organisation: |
| Street: |
| Postcode/Place: |
| Country: |
| Phone/Mobile: |
| E-Mail: |
| Responsible contact person: |
| Phone/Mobile: |
| E-Mail: |

| Organization questionnaire | YES | No |
|--|---|--------------------------|
| Are there any standards for the Poseidon Se7en eCCR? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the organization have internal quality assurance and if so which? - Kind of QS: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the organization represented worldwide? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has there been any communication with the manufacturer, Poseidon Diving Systems AB, and if so, which? Type and frequency of communication: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Has there been any notification from the professionals to the manufacturer Poseidon Diving Systems AB so far? | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount of Poseidon Se7en eCCR instructors, instructor trainers and trainers in the organization? | Instructor: _____ Other: _____ | IT: _____ |
| Are there other rebreather manufacturer authorizations for the organization and if so which ones? Manufacturer: _____ | <input type="checkbox"/> | <input type="checkbox"/> |





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|---|--------------------------------|---|
| Are other rebreathers already trained in the organization and if so which ones? Other rebreather: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a Poseidon Se7en eCCR certification been issued in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, which and how many certifications were issued? Type: _____ | User: _____ IT: _____ | Instructor: _____ Other: _____ |
| Do instructors, instructor trainers and trainers have a documentation obligation? Type of documentation obligation of the instructors, instructor trainers and instructors: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Note Message: | | |

PROOFS ARE TO BE SUBMITTED AS PDF.



Current evidence used by the organization is required for application processing:
Standards,

- ✓ QS,
- ✓ Instructor Guide,
- ✓ Communication,
- ✓ Number of Instructor and IT per level,
- ✓ Other manufacturer's authorizations,
- ✓ List of certifications in the last five years, per user/instructor/IT and per level,
- ✓ Documentation requirement

Please submit these proofs via PDF together with the application form.

Without these proofs a processing of the application of the training authorization for the Poseidon Se7emn eCCR cannot take place.

After complete submission of the application with all documents, it will be checked by Headquarters Poseidon Training and a decision will be made with the manufacturer Poseidon Diving Systems AB about the award of the authorization.

You will receive feedback by e-mail as soon as your application has been received and about the subsequent decision to award the Poseidon Se7en eCCR training authorization.

Declaration of the applicant:

As indicated by my signature, I understand that any omissions in the required information and/or documentation will prevent approval for training authorization. The minimum application requirements are met and the organization is in possession of all required documentation.

For the services of processing and granting the training authorization, the collection and processing of the indicated and mentioned data is carried out:

These data are stored on the server by the above mentioned companies and can be accessed by authorized persons. It is hereby assured that the electronic data processing carried out is based on applicable laws and is necessary for the processing and awarding of the training authorization to be carried out. Poseidon Training complies with European Union regulations and the new European Data Protection Principles Regulation or GDPR principles set forth by the U.S. Department of Commerce regarding the collection, use and retention of personal data from the European Union.

No liability is assumed for the further processing of data for the purpose of processing and deciding the application by Poseidon Training, Poseidon Diving Systems AB and the co-responsible companies. A separate consent for the transfer to Poseidon Diving Systems AB and the co-responsible companies is not required. An automatic deletion does not take place.



Without passing on the data, it is not possible to apply for the application.
User rights:

The undersigned has the right to revoke this consent at any time without giving a reason.
Furthermore, collected data can be corrected if necessary.

Consequences of not signing:

The signatory has the right not to consent to this consent form.

However, since the processing of the application relies on the collection and processing of specified data, failure to sign would preclude recourse to the processing of the application.

Inquiries and other requests should be directed to:

Poseidon Training | www.poseidon.training | office@poseidon.training

Hereby, the authorized signatory of the organization assures to have consented to the collection and processing of the provided and mentioned data by the above mentioned companies and to have been informed about the rights.

The application for the examination for the training authorization of the Poseidon Se7en ECCR is hereby granted.

Place/date

Stamp of the organization and Signature of the authorized representative

To make it easier for you to read, we have restricted ourselves to masculine terms in the text. We expressly emphasize that all people - regardless of gender, nationality, ethnic and social origin, religion/belief, disability, age and sexual orientation - are equally welcome.