

**AMED02 - Application for approval as a medical examiner of divers under
The Diving at Work Regulations (Northern Ireland) 2005**

Medicals

If approved, how many statutory diving medicals are you expecting to perform in the first 12 months of your approval?

Doctor's details

Title Forename Surname GMC Number
Phone email

Address for official correspondence

Address Line 1
Address Line 2
Address Line 3
Town
County
Postcode

Do you consent to having your name, address, email and telephone number included in a list of approved medical examiners of divers published on HSENI's website? Yes No

Professional qualifications

Qualifications in Occupational Medicine

Details of any relevant training undertaken

Details of any experience in the examination of divers during the last five years (e.g. recreational diver and/or commercial diver examinations outside the UK)

Details of current posts held and any previous posts relevant to diving medicine (e.g. recreational diving referee)

To apply for approval, sign the declaration below and send this document, plus scanned copies of the information requested in the checklist, to: emasmail@hse ni.gov.uk - incomplete applications will not be considered.

Declaration

If approved, I agree to accept the conditions of approval below. I will:

- a) carry out medical examinations in accordance with guidance issued by HSE NI for approved medical examiners of divers;
- b) comply with any administrative procedures for approved medical examiners of divers as required by HSE NI;
- c) ensure I have suitable facilities and equipment for carrying out medical examinations;
- d) keep appropriate records and provide information that HSE NI reasonably requests;
- e) undertake suitable refresher training as required by HSE NI, and provide evidence of this training;
- f) notify HSE NI of any changes to my contact details or GMC registration/licensing; and
- g) ensure my practice as an approved medical examiner of divers meets the standards expected by HSE NI and the general standards of medical practice required by the General Medical Council.

Assurance of Compliance with the General Data Protection Regulation

- a) only enter data onto the MA2 database in accordance with HSE’s written instructions;
- b) carry out this data processing personally or ensure anyone processing it is subject to a duty of confidence;
- c) not appoint another processor to carry out the data processing without HSE’s prior written approval;
- d) take all necessary technical and organisational measures to ensure the data is processed securely;
- e) assist HSE to meet its security of processing obligations, which include responding to requests from individuals on the processing of their data;
- f) provide HSE with all information needed to ensure it complies with all data processing obligations. I have a system in place that allows HSE or another auditor instructed to act on HSE’s behalf to audit my records;
- g) delete or return personal data of divers as requested by HSE in the event of my approval being revoked or withdrawn; and
- h) not transfer divers’ personal data outside of the UK unless instructed by HSE to make the particular transfer.

Failure to observe any of these conditions may result in revocation of your approval.

Signature:

Date:
(e.g. 01/01/16)

Checklist

You should submit the following information to: emasmail@hсени.gov.uk	Tick
This completed and signed document.	
A copy of your CV.	
Documentary evidence of satisfactory completion of your last annual appraisal, containing your name as appraisee, name of appraiser, signature of appraiser (or electronic confirmation) and date of appraisal.	
A copy of the certificate of your highest qualification in Occupational Medicine.	
A copy of your current training certificate that shows evidence of specialist diving medicine.	