

Flinders University Air Diver Registration Form

Before any person can dive with Flinders University, they must complete a copy of this form and forward it to the University Diving Officer (ph. xxxxx Mobile xxxxxx Fax xxxxx) for approval. This must be accompanied by a copy of your diving qualifications and current (within last 12 months) commercial diving medical.

Surname:		First Name(s):	
Date of Birth: ___/___/___		Position at University:	
☎ (Work):		☎ (Home):	E-mail:

Please supply a home address and details of next of kin on the reverse of this form.

Date started snorkelling?: ___/___/___		Date started SCUBA diving?: ___/___/___	
Date of last diving medical: ___/___/___		<input type="checkbox"/> Commercial <input type="checkbox"/> recreational? (<i>attach copy of medical</i>)	
Details of SCUBA diving qualifications:			
Instructors name and address:			
Details of SSBA experience (No. hrs & equipment type):			
Recreational boat licence:		Commercial vessel ticket #:	
Details of 1st aid / Oxygen therapy qualifications:			
Dive Experience:			
Diving Hrs:	# of dives:	Deepest dive:	Date/depth most recent dive: ___/___/___

Meters	Approx. hours		Meters	Approx. hours		Meters	Approx. hours	
*****	Day	Night	*****	Day	Night	*****	Day	Night
0-10			20-30			40-50		
10-20			30-40			50+		

Indicate with the appropriate letter if you have experience in diving in the following situations:

E - Extensive (>30 times); M - Moderate (5-30 times); L - Limited (1-4 times)

From small boats <input type="checkbox"/>	Cave/wreck diving <input type="checkbox"/>	Low visibility diving (< 1.5 m) <input type="checkbox"/>
Large vessels (>7 m) <input type="checkbox"/>	Using SSBA <input type="checkbox"/>	Diving using pneumatic tools <input type="checkbox"/>
Off beaches <input type="checkbox"/>	Mixed Gas diving <input type="checkbox"/>	Diving in currents(>0.5knots) <input type="checkbox"/>
Surf entries/exits <input type="checkbox"/>	Diving in fresh water <input type="checkbox"/>	Diving using a drysuit <input type="checkbox"/>
Details of previous work related diving:		

Have you ever been involved in a diving accident? <i>(If Y please provide details on a separate page)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Personal Equipment (if to be used for University diving) NB. Dive computers must have a depth test every 6 months)

Item	Make and model	Date of last service
Regulator/s		
Gauges/computer		
BCD		

The above is a true representation of my diving history.

Signed: _____ Date: ___/___/_____

Contact Details:

Your Address In South Australia	
Address:	
Contact ☎:	

Details of Next of Kin	
Name:	
Address:	
Country:	
Contact ☎:	

UDO Only	
<input type="checkbox"/> Log book checked	<input type="checkbox"/> Qualifications Checked
<input type="checkbox"/> Induction done	<input type="checkbox"/> Medical Received
By:	Date: ___/___/_____
Diver Status:	
Comments:	
UDO Signature:	Date: ___/___/_____