**AMED02R – Renewal of approval as a medical examiner of divers**

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| **Doctor’s details** | | |
| \*Title | \*Forename | \*Family Name |
|  |  |  |
| \*PIN number |  |  |
| \*GMC number |  |  |

**Medicals**

|  |  |
| --- | --- |
| \*How many medicals have you undertaken for the purposes of the Diving at Work Regulations 1997 in the last 12 months? |  |

**To apply for renewal, sign the declaration below and send this form, plus scanned copies of the information requested in the checklist to:** [**AMED@hse.gov.uk**](mailto:AMED@hse.gov.uk) **– incomplete applications will not be considered.**

**Declaration**

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

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

**Assurance of Compliance with the General Data Protection Regulation**

1. only enter data onto the MA2 database in accordance with HSE’s written instructions;
2. carry out this data processing personally or ensure anyone processing it is subject to a duty of confidence;
3. not appoint another processor to carry out the data processing without HSE’s prior written approval;
4. take all necessary technical and organisational measures to ensure the data is processed securely;
5. assist HSE to meet its security of processing obligations, which include responding to requests from individuals on the processing of their data;
6. provide HSE with all the 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;
7. delete or return personal data of divers as requested by HSE in the event of my approval being revoked or withdrawn, where applicable; and
8. not transfer divers’ personal data outside of the UK unless instructed by HSE to make the particular transfer, where applicable.

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

|  |  |  |  |
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| Signature |  | Date |  |

**Checklist**

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| **You should submit the following information to:** [**AMED@hse.gov.uk**](mailto:AMED@hse.gov.uk) | **Tick** |
| This completed and signed form. |  |
| 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 your current diving medicine training certificate. |  |