**Diver Registration Form**

**DIVER’S CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| Name |  | Date of birth |
| Organisation |  | Arrival date |
| Work address |  | Phone (mob) |
|  |  | Phone (work) |
| Nationality | Email |  |
| Emergency contact person |  | Relationship |
| Contact’s email or address |  | Contact’s phone |
|  |  |  |

**DIVING QUALIFICATIONS** (provide a scan or copy of all certificates)

|  |  |  |
| --- | --- | --- |
|  | Date on certificate | Issuer, show level for dive quals (e.g. PADI DM) |
| Highest diving qualification |  |  |
| Any other diving qualification |  |  |
| Any other diving qualification |  |  |
| AS 2299 diving medical |  | **Issuer not required** |
| First aid including CPR cert. |  |  |
| Medical oxygen admin. cert. |  |  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| Are you allergic to any drugs? | No/ Yes - Details: |
| Do you take any medication regularly? | No/ Yes - Details: |
| Do you have any medical conditions that may be affected by diving? | No/ Yes - Details: |
| Do you have a diver insurance policy? | No/ Yes - Agency & Member #: |

**DIVING EXPERIENCE**

|  |  |
| --- | --- |
| Number of dives and/or hours logged since initial certification  (i.e. exclude open water course dives) | dives |
| hours |
| Have you logged 4 or more dives in the past 12 months? |  |
| Date of most recent open water dive |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate your level of experience for each diving activity listed below. Add other activities if needed.  **0** No experience; **1** Limited exp. (< 5 hours); **2** Moderate exp. (5-50 hours); **3** Extensive exp. (> 50 hours);  **N/A** Not applicable (I won’t be doing this activity at LIRS) | | | |
|  | Coral reef diving |  | Using hand tools |
|  | Diving from small boats (roll-in entry) |  | Using air-powered tools |
|  | Recording data |  | Photography/ videography |
|  | Laying transect lines |  | Using lift bags |
|  | Collecting specimens using…. |  | Night diving |
|  | Using barrier nets |  | Blue water diving |
|  | Using spearguns |  | Cave diving |

**BOATING QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date attained | Expiry date | Issuer and type (e.g. Qld RMDL, WA coxswain) |
| Boat licence |  |  |  |

**BOATING EXPERIENCE**

|  |
| --- |
| Indicate your level of experience in ***driving*** boats as listed below within the past 5 years (***not*** as a passenger).  **0** No experience; **1** Limited exp. (<20 days); **2** Moderate exp. (20-100 days); **3** Extensive experience (>100 days) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Using small tiller-steered outboard boats |  | Enclosed waters (lakes, rivers, harbours) |
|  | Using wheel-steered boats to \_\_\_\_\_\_ hp |  | Coastal waters (up to 1 mile from shore) |
|  | Using any boat up to \_\_\_\_\_\_\_ m length |  | Coastal waters (up to 15 miles from shore) |
|  | Using any kind of boat in coral reef areas |  | Oceanic waters (>15 miles from any shore) |

**SPECIAL CONDITIONS IMPOSED BY DIVING OFFICER**

|  |
| --- |
| *(LIRS use only)*  Diving Officer’s signature Date |
| *I acknowledge the conditions imposed above and agree to abide by them.*  Diver’s signature |

**DIVER’S STATEMENT**

|  |  |
| --- | --- |
| * *The information I have provided is complete and true to the best of my knowledge.* * *The regulator, gauges and BCD that I am using at LIRS have been serviced within the past 12 months and are in good working order.* * *I have read and understood the LIRS Diving Regulations and agree to abide by them.* * *I understand the dive plan and risk assessment for the team I will be diving with and I will abide by the plan and implement the risk control measures. Before diving with a different dive team, I will ensure that I am listed on that team’s plan, and that I understand both the plan and its risk assessment.* | |
| Diver’s signature | Date |