

## IMPORTANT

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, together with the documents required under Section 2. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of Regulation 128 *Forgery, etc., of documents*, of the Air Navigation Regulations.

## SECTION 1 PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please)

Full Name (Surname first)	
Address for Service	
Postal Address (If different from above)	
Contact Details (Telephone, Fax and Email)	

## SECTION 2 APPLICATION

I hereby apply to be an Approved Medical Authority for the civil Aviation Authority of Fiji.

**Evidence** of the following is also attached in support of this application:

- Curriculum vitae(CV) attached in support of this application.

**Qualifications** (Minimum Qualification – Diploma in Aviation Medicine)

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**Professional Membership(s)** (All AMAs are required to members of an organization)

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### Fees

Application fee (refer to Civil Aviation (Fees and changes regulations))

### Photograph

2 Passport size colour photos (signed and dated)

### Proof of identification

Passport, or Birth certificate together with a Photo ID

### Police Clearance

Police clearance (from all countries resided in for more than 6 consecutive months within the past 10 years)

		Calculation
<b>Fees</b>		
Part:		
Item:		
Time: From		
: To		
Travel: From		
To		
Transport		
Accommodation		
Overhead		
Receipt No.		
Date:		

### **SECTION 3      CONDITIONS OF APPOINTMENT**

1. Designation is for a period of one year unless earlier terminated, and is renewable.
2. Designation lapses if the aviation medical examiner ceases to practise in the locality for which he/she is designated.
3. Designation does not extend to the AMA's partners, assistants or locums unless written consent from the CAAF is obtained in advance of the requirement.
4. The AMA is required:
  - I. to conduct himself/herself in a professional manner and in accordance with the Fiji Medical Council, Medical Practitioner Code of Professional Conduct of Ethics (details of which are available from the Council's web page [www.fjimdc.com](http://www.fjimdc.com) )
  - II. to be satisfied as to the identity of each applicant;
  - III. to examine personally each application presenting for examination;
  - IV. to devote such time and skill to the examination of applicants as is necessary to elicit a careful history and to conduct a full and thorough examination;
  - V. at the conclusion of each medical examination to forward the report to CAAF promptly;
  - VI. if the holder of a medical certificate tells an AMA about a medical condition that is relevant to aviation safety, the AMA must inform CAAF of the condition within 5 working days;
  - VII. to keep informed of, and follow the relevant standards, techniques and administrative procedures associated with medical examinations detailed in The Standard Document - Medical Standards, Tests and Certification published by CAAF on its website;
  - VIII. to undertake continuing training, acceptable to CAAF, in Aviation Medicine;
  - IX. to notify CAAF if absent from active practice for more than 4 weeks;
  - X. to notify CAAF of any change of address, of contact details, or of cessation of practice;
  - XI. to acknowledge CAAF's right to terminate Designation should the AMA conduct himself/herself in a manner that is detrimental to the interests of CAAF or breach any of these Conditions of Appointment;

### **SECTION 4      FIT AND PROPER PERSON**

**THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO ANR REGULATION 56 (3) OF THE AIR NAVIGATION REGULATIONS 1981.**

- a) Have you previously had an application for an Aviation Document rejected or have you been the holder of an aviation document which has been suspended or revoked?
- b) Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence?
- c) Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence?
- d) Have you any history of physical or mental health or serious behavioural problems?

- e) Have you been found guilty of malpractice of any kind?
- f) Have you been the subject of/or dealt with in disciplinary or similar proceedings relating to medical practice?
- g) Are you currently being investigated for any disciplinary or similar matters by any medical registration authority?

If answering "YES" to questions c) to g) above, please provide details on separate sheets enclosed in a sealed envelope marked "**Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name**", and attach to this application.

Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17(5)(b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application.

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is true and correct and that the enclosed copies of my personal documents are authentic and that information shown on them is true and correct.

I hereby authorise the Civil Aviation Authority of Fiji to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAAF to any person who requires such information to carry out any function as lawfully directed by the CAAF. I consent to the disclosure by any court of law of any details of any convictions I may have pursuant to this application and by any medical administration authority, to the Chief Executive, Civil Aviation Authority of Fiji.

**Signature of Applicant**

**Date:**