APPENDIX A4 – 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 at the Lincoln Marine Science Centre (ph. 08 86832-2561 Mobile 0428 832 500, Fax 08-8683-2525) for approval. This must be accompanied by a copy of your diving qualifications and current (within last 12 months) commercial diving medical.

NB: A recreational medical is sufficient for undergraduate students involved in diving operations during excursions where the number of diving days does not exceed 28 and their buddy is a fully qualified Scientific Diver (see 1.6 - Glossary and Abbreviations).

Surname: .......................... First Name(s): ..........................

Date of Birth: ............................................................

Position at University: ..................................................

Ph (h & w): .......................................................... 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: ..................................... Commercial/recreational? ................................ (attach copy of medical)

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: ........

<table>
<thead>
<tr>
<th>Meters</th>
<th>Approx. hours</th>
<th>Meters</th>
<th>Approx. hours</th>
<th>Meters</th>
<th>Approx. hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>20-30</td>
<td>40-50</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10-20</td>
<td>30-40</td>
<td>50+</td>
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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
- Cave/wreck diving
- Low visibility diving (< 1.5 m)
- Large vessels (>7 m)
- Using SSBA
- Diving using pneumatic tools
- Off beaches
- Mixed Gas diving
- Diving in currents (> 0.5 knots)
- Surf entries/exits
- Diving in fresh water
- Diving using a drysuit

Details of previous work related diving: ..........................................................

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Make and model</th>
<th>Date of last service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulator/s</td>
<td></td>
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<tr>
<td>Gauges/computer</td>
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<tr>
<td>BCD</td>
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</table>

The above is a true representation of my diving history. Signed: ......................... Date: .........................

**Your Address:**

(In South Australia) Address: .................................................................

........................................................................................................

........................................................................................................

Contact Phone #: ...............................................................................

**Details of Next of Kin:** Name: ...............................................................

Address: ................................................................................................

........................................................................................................

........................................................................................................

Country: ............................................................................................

Contact Phone #: ...............................................................................

**UDO Only.** Log book checked: ......... Qualifications Checked: ......... Medical Received: ............

Induction done: ......... By: ................................................................. Date: ................................

Diver Status: ........................................................................................

Comments: ........................................................................................

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........................................................................................................

SDO Signature: .................................................................................. Date: ..............................