

SOUTHERN CROSS UNIVERSITY - DIVER REGISTRATION FORM

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Applicants full name:

Phone (mobile preferred):

Email:

In order to undertake diving work at SCU you will need to be classified as either a Scientific or Restricted Scientific Diver. Please indicate which classification you are applying for and INITIAL the following criteria to indicate that you are aware of the requirements:

| <input type="checkbox"/> Scientific / Visiting Scientific Diver | <input type="checkbox"/> Restricted / Visiting Restricted Scientific Diver |
|---|---|
| <ol style="list-style-type: none"> 1. basic diver certification, ____ 2. have at least 25 hours of diving experience, ____ 3. one of the following qualifications; 1) ADAS commercial (AS2815.1) or Scientific Diver (AS2815.6), 2) AQF Scientific Diver certificate of competency plus over 50 hours of relevant diving experience, or 3) DM /instructor qualification with additional training or qualifications to demonstrate competency under AS/NZ 2299.2:2002. ____ 4. current AS/NZS 2299.1 commercial dive medical, ____ 5. current Work Cover Senior First Aid, ____ 6. current Oxygen Provider, ____ 7. READ and agreed to comply with all requirements as laid out in the SCU SCUBA Diving Operations Manual, ____ and 8. undertake an induction conducted by either the Diving Officer or Dive Coordinator prior to commencing any diving work. ____ <p><i>Should you wish to use any of your own diving equipment, an annual service certificate will be required as evidence that the equipment is in safe working order ____</i></p> | <ol style="list-style-type: none"> 1. be at least 18 years of age, ____ 2. basic diver certification, ____ 3. at least 20 hours of post-certification diving experience, ____ 4. current AS/NZS 2299.1 commercial dive medical, ____ 5. READ and agreed to comply with all requirements as laid out in the SCU SCUBA Diving Operations Manual, ____ and 6. undertake an induction conducted by either the Diving Officer or Dive Coordinator prior to undertaking any diving work. ____ <p><i>Should you wish to use any of your own diving equipment, an annual service certificate will be required as evidence that the equipment is in safe working order ____</i></p> |

- Dive Coordinator:** In addition to the requirements for a Scientific / Visiting Scientific Diver above, Dive Coordinators will be required to:
9. complete online activities and the "Induction quiz for Dive Coordinators" on the ESM_DIVE workgroup site, ____ and
 10. at the discretion of the Diving Officer, complete a practical review process and induction with the Diving Officer. ____

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Address:
.....
Date of birth:
Alternate phone number/s (if applicable):
Alternate email (if applicable):

Please indicate which of these best describes your position at SCU:

| | | | |
|-----------------|--------------------------|-------------------------------|--------------------------|
| Permanent staff | <input type="checkbox"/> | Undergraduate/honours student | <input type="checkbox"/> |
| Temporary staff | <input type="checkbox"/> | Postgraduate student | <input type="checkbox"/> |
| Visitor | <input type="checkbox"/> | Volunteer | <input type="checkbox"/> |

Supervisor name (Integrated, honours or postgraduate students only):

Visitors please state your home institution:

NEXT OF KIN:

Name:
Address:
Phone (include mobile if available):
Email:

APPLICANTS SCUBA QUALIFICATIONS (please submit copies of all certifications with this application):

List SCUBA qualifications and date achieved, also include; Specialty training courses, Mixed gas training and Commercial Diving qualifications under AS2815 if you have them.

Entry level diving qualification:..... Date:*

Advanced course (list specialties):
..... Date:*

Rescue Diver: Date:*

Restricted Visibility Diver..... Date:*

Scientific/Commercial Diver:..... Date:*

* **NB. Required training for a diver without ADAS commercial or ADAS scientific diver qualifications to be approved as a "Scientific Diver" or "Visiting Scientific Diver"**. Navigation, Night dive, Search and Recovery, Deep and Peak Performance Buoyancy specialties (or equivalent) required for Advanced.

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Other scuba qualifications:

Qual: Date:

Qual : Date:

Qual : Date:

Qual : Date:

MOST RECENT FIRST AID / CPR (please submit a copy): **Date :#**

MOST RECENT OXYGEN PROVIDER (must be within 12 months, submit a copy):

Date :#

DIVING HISTORY (dive log to be sighted by Diving Officer or delegate):

NUMBER OF DIVES : HOURS LOGGED : LOG BOOK SIGHTED Y / N

Dives in past 12 months:

PERSONAL DIVING EQUIPMENT (if “Yes” below, please submit copies of current service certificates):

Do you intend to use your Personal Diving Equipment for Scientific/Research Diving: Yes / No

If “Yes”, has your Personal Diving Equipment been SERVICED and SPG CALIBRATED in the past 12 months: Yes / No

Date :#

MEDICAL HISTORY (please submit a copy of your current AS/NZS 2299.1 diving medical – NO EXCEPTIONS):

Most recent commercial scuba medical: (AS/NZS 2299.1, must be within 12 months)

Date :#

Do you have any Medical Condition that may interfere with your diving SAFELY: Yes / No

If YES, please give details:

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Have you been involved in a diving related accident?: Yes / No

If YES, please give details:

.....

NB. Indicates required ongoing training or assessment for a diver to be approved as a “Scientific Diver” on an ongoing basis.

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I, have read the Southern Cross University (SCU) SCUBA Diving Operations Manual and AS2299.2:2002. I agree to abide by the guidelines and procedures laid out in the SCU SCUBA Diving Operations Manual and under the Australian Standard for Scientific Diving. I undertake to maintain a current dive medical while diving with SCU and will only dive when I am medically fit to do so. If using my own diving equipment while diving with SCU, in recognition of my legal responsibilities and in the interest of safety for myself and other team members, I undertake to ensure all equipment is maintained in current service and I will provide evidence to this affect to the Diving Officer.

If I am approved as a "Dive Coordinator", "Scientific Diver" or "Visiting Scientific Diver" I further agree to maintain a current oxygen provider (12 months) and Workcover approved First Aid/CPR qualification and provide evidence of this to the Diving Officer.

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

Approved as:

- Dive Coordinator
- Scientific / Visiting Scientific Diver
- Restricted Scientific / Visiting Restricted Scientific Diver

Diving Officer's Signature: Date: