



**APPLICATION FOR AERO-MEDICAL ASSESSOR APPROVAL**

*Please complete in BLOCK CAPITALS using black or dark blue ink.*

**FALSE REPRESENTATION STATEMENT**

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

<b>1. APPLICANT DETAILS</b>		<b>To be completed by the Applicant</b>	
Full Name:			
Correspondence Address:			
AeMC Address:			
Telephone Number(s):			
Email Address:			
<b>2. MEDICAL QUALIFICATIONS:</b>		<b>To be completed by the Applicant</b>	
Primary Medical Degree:			
Postgraduate Qualification:			
Specialist Training(s):			
<b>3. AVIATION MEDICINE TRAINING COURSES</b>		<b>To be completed by the Applicant</b>	
<b>Course Name</b>		<b>Date completed</b>	
Basic Courses			
Advanced Courses			
Diploma in Aviation Medicine			
MSc in Aviation Medicine			
Refresher training			
<b>APPLICANT</b>		<b>ACCOUNTABLE MANAGER AeMC</b>	
Signature:		Signature:	
Date:		Date:	