

# Application Form for an Approval of an AME Facility.

All sections of the form must be completed in full.

In accordance with AME Terms and Conditions, and UK Reg (EU) 2019/27 MED.D.010 Requirements for the issue of an AME certificate, an AME is required to demonstrate that they have adequate facilities, procedures, documentation and functioning equipment suitable for aero-medical examinations and have in place the necessary procedures and conditions to ensure medical confidentiality.

Please complete this form and return it to the CAA at least **4 weeks** prior to any change in location. A separate form is required for each address at which an AME wishes to practise and for each AME working with an AME Group practice.

Documentation and still photographic evidence **will** be required and must be sent together with this application Form \*\*

If approval for the AME Facilities is granted by the UK CAA, an updated AME Approval letter will be issued, specifying each location at which the AME may practise.

All AME Facilities may be subject to Audit by the CAA.

AME Name:			
AME Signature: I can confirm that the information provided in this form is complete and accurate.			
Date Form Completed By AME:		AME Number-	

<b>1 New Practice Address, provide all details listed below:</b>	<b>Details Provided By AME</b>			
Business Name-				
Address 1 <sup>st</sup> Line-2 <sup>nd</sup> Line-3 <sup>rd</sup> Line				
Village/Town/City-				
County-				
Postcode-				
Telephone Number-				
Email Address-				
Website Address-				
Indicate the type of Practice Address-	Primary		Additional	
Do you require this address to be published on the CAA website, once approved?	Yes		No	
Do you wish to remove a previous AME Practice address?	Yes		No	
If yes, please confirm the address that requires removal from our records:				

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2 Correspondence Address/Billing Address	Details Provided By AME
Please provide details if your Correspondence Address/Billing address differs from Section 1.	

3 Support Staff	Details Provided By AME				
Give names, roles (and CAA reference numbers for staff with access to Cellma) and any further staff that assist with your aeromedical work					
Can you confirm that the named staff have a signed confidentiality agreement ?	<table><tr><td>Yes</td><td></td><td>No</td><td></td></tr></table>	Yes		No	
Yes		No			

4 Chaperone Policy **	Details Provided By AME
Supply a copy of the Chaperone policy for the location, which should be in line with current GMC guidance and available to Applicants at or before booking	

5 Data/Privacy notice Policy **	Details Provided By AME
Supply a copy of Data Privacy notice.  Describe where notice is displayed for Applicants, at the premises.	

6 Complaints Policy **	Details Provided By AME
Supply a copy of your Complaints procedure. Reference /Links should be made to the CAA process within this policy.	

7 Data/Record Storage	Details Provided By AME
Describe arrangements for secure and confidential storage of any aeromedical records awaiting upload to Cellma?  NB: In the event of cessation of AME activities, you are responsible for the return of any medical records to the UK CAA.  If you work alone or in a group practice, provide the name and contact details of an individual who may facilitate return of medical records, in your absence. i.e. practice manager.	

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8 Waiting Area **	Details Provided By AME			
Is there provision of a waiting area for applicants which allows privacy of applicants in the examination room(s)? i.e., cannot be seen or overheard?	Yes		No	
If you do not have a separate waiting area, please describe how appointments are managed for privacy.				
Still photographic evidence submitted?	Yes		No	

9 Medical Equipment/Environment/ Lab Testing Arrangements **	Details Provided By AME			
Do you have a <b>PC, Printer</b> and <b>Internet access</b> on site?	Yes		No	
Is there provision of <b>privacy screening</b> during the examination?	Yes		No	
Still photographic evidence submitted?	Yes		No	
Is there adequate <b>lighting</b> ?	Yes		No	
Still photographic evidence submitted?	Yes		No	
Is there a set of <b>weight scales</b> ?	Yes		No	
Still photographic evidence submitted?	Yes		No	
Is there a <b>height measuring unit</b> ?	Yes		No	
Still photographic evidence submitted?	Yes		No	
Is there an adjustable <b>Examination couch</b> ?	Yes		No	
Still Photographic evidence submitted?	Yes		No	
Do you have a well-lit <b>6M Vision Chart</b> situated at the correct distance from applicant?	Yes		No	
N.B. an Optical Mirror may be used at 3M from Chart and 3M from Applicant, in restricted spaces.	Yes		No	
6M Still Photographic evidence submitted?				

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Medical Equipment/Environment/ Lab Testing Arrangements Cont. **	Details Provided By AME			
State Brand of <b>ECG machine &amp; interpretive software</b> and most recent calibration date:				
	Yes		No	
Still Photographic evidence submitted of Unit and Calibration certificate?				
State Brand of <b>Audiogram machine</b> and most recent calibration date.				
	Yes		No	
Still Photographic evidence submitted of Unit and Calibration certificate?				
NB: <b>Class 2 AMEs</b> ; if no Audiogram machine, state alternative arrangements for hearing tests for Applicants with an Instrument rating				
<b>Blood testing- Haemoglobin</b> State Brand of machine and most recent calibration date				
	Yes		No	
Still Photographic evidence submitted of Unit and Calibration certificate?				
<b>Blood testing- Lipids</b> State brand of machine and most recent calibration date, or alternative arrangements.				
	Yes		No	
Still Photographic evidence submitted of Unit and Calibration certificate?				
What arrangements do you have in place for any other blood tests that may be required?				
Do you have <b>Urine testing</b> facilities Onsite (i.e. dipsticks?)				
	Yes		No	
Still Photographic evidence submitted of equipment?				
What Arrangements do you have in place for further investigations of Positive Urine tests?				

10 Cardiologists ECG overreads	Details Provided By AME
State name, hospital or practice and qualifications of your local cardiologist to whom you send your ECGs for over read	

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11 Other Specialists	Details Provided By AME			
Do you have access to other local specialists for referrals?	Yes		No	
If yes, please state details.				

12 Examination Room	Details Provided By AME			
Provide photographic evidence of the examination room layout, showing ALL the above listed equipment in situ.	Yes		No	

13 Other Supporting Information	Details Provided By AME			
Provide any other information you wish to support application, e.g. other facilities available on site or additional equipment: Attach additional pages if necessary.				

N.B. All signatures must be either a verified electronic signature (or the 1st page can be printed, signed, and scanned back to us with the rest of the form.  
Please return the completed and signed form with the associated evidence via email to: [ame.support@caa.co.uk](mailto:ame.support@caa.co.uk)  
**Please be aware that any false declaration can result in the permanent revocation of AME certification, and referral to the relevant authorities.**

For CAA USE only		
HOO/MOC name-		
HOO/ MOC signature-		
Date Facility form/Checklist reviewed-		
Approved ?-		
Not approved- State reason, if any further action is required by the AOT team.		