AME Annual Return

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Civil Aviation Authority

(CAA Use Only.)

1. AEROMEDICAL EXAMINERS DETAILS

Title: ..... Surname: ..... Forename: ..... AME Number: .....

Email Address: .....
*required for confirmation receipt

Do you currently have full unrestricted UK GMC Registration and hold a UK GMC Licence to practice or do you have an equivalent medical Registration/ Licence with the national medical regulator in your country of practice? Yes ☐ No ☐

Please provide your GMC or overseas National Registration Number: .....

If UK GMC registered, give the name of Responsible Officer:

Title: ..... Surname: ..... Forename: ..... GMC Number: .....

Address: .....

Are you engaged in other areas of medical practice outside of AME work? Yes ☐ No ☐

Are you undertaking formal annual appraisal of your medical practice? Yes ☐ No ☐

How many EASA aeromedicals have you completed for non-UK Licensed applicants: ☐

2. MANDATORY AEROMEDICAL REFRESHER TRAINING (please complete all fields as required or select 'No refresher training completed')

Date	Activity	Hours
	(Please select from the list)	
	(Please select from the list)	
	(Please select from the list)	
	(Please select from the list)	
	(Please select from the list)	
	(Please select from the list)	
	(Please select from the list)	
	(Please select from the list)	
	(Please select from the list)	

3. OTHER ACTIVITIES TO SUPPORT AEROMEDICAL PRACTICE (please complete all fields as required or select 'None')

Date	Activity
	(Please select from the list)
	(Please select from the list)
	(Please select from the list)
	(Please select from the list)
	(Please select from the list)

4. DECLARATION

I declare that the information provided above is true to the best of my knowledge. Date: 23/01/2015

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5. DISCLOSURE OF INFORMATION	
Please read the statement below in relation to disclosure of information. The CAA takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the disclosure of information as described below, you may make representations to medicalweb@caa.co.uk.	
In returning this form I am consenting to the disclosure to third parties of all information which I have provided to the CAA and that relates to me. I understand that information would only be disclosed to third parties by the CAA for regulatory purposes. This may include providing information to other medical professionals, administrative workers and/or IT workers who are assisting the CAA with its regulatory functions who may also be given access to personal information in the course of their professional duties.	☐
My attention has been drawn to the CAA Medical Department's Fair Processing Notice which is published on the CAA's website.	☐

If you experience problems submitting this form please refer to the FAQs on the CAA's Publications page.

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