

Approval of AME Premises

Prior to an AME undertaking UK CAA Aeromedical examinations at any new premises, evidence of adequate facilities and compliance with the regulations is required. Please complete this form and return it to the CAA at least **4 weeks** prior to any change in premises. A separate form is required for each new premises at which an AME wishes to practise and for each AME working with an AME Group practice.

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

All sections of the form must be completed in full.

All AME premises may be subject to site Audit Visits by the CAA.

AME NAME:

AME NUMBER:

DATE FORM COMPLETED BY AME:

AME SIGNATURE:

* Required supporting documentation, including photographs, must be sent together with the Premises form.

Information Required	Details provided by AME
New Practice Address: Telephone: Email: Will it be- Primary - <input type="checkbox"/> or Additional - <input type="checkbox"/>	

<p>1. Do you require this address to be published on the CAA website, once approved?</p> <p>a) Do you wish to remove a previous AME Practice address?</p> <p>b) If yes, please confirm the address that requires deletion from our records:</p>	<table border="1" data-bbox="683 226 1082 309"> <thead> <tr> <th>Yes?</th> <th>No?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <table border="1" data-bbox="683 342 1082 425"> <thead> <tr> <th>Yes?</th> <th>No?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Yes?	No?			Yes?	No?		
Yes?	No?								
Yes?	No?								
<p>2. Correspondence address/Billing address if different to above:</p>									
<p>3. Give names, roles (and CAA reference numbers for staff with access to Cellma) of ALL staff involved with aeromedical work.</p> <p>a) * Please provide copies of signed confidentiality agreements for all staff</p>									
<p>4. *Supply the Chaperone policy for the new premises, which should be available to Applicants, and in line with current GMC guidance.</p> <p>a) State names of staff who will act as chaperones or explain where Chaperone staff will be drawn from when required.</p>									
<p>5. *Supply a copy of Data Privacy notice.</p> <p>a) Describe where notice is displayed for Applicants, at the premises.</p>									

<p>6. *Supply a copy of your Complaints procedure.</p>																					
<p>7. Describe arrangements for secure and confidential storage of any aeromedical records awaiting upload to Cellma?</p> <p>N.B. In the event of cessation of AME activities, you are responsible for the return of any medical records to the UK CAA.</p> <p>a) If you work in a group practice, provide contact details of an individual who may facilitate return of medical records, i.e., Practice Manager.</p>																					
<p>8. 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?</p> <p>a) If you do not have a separate waiting area, please describe how appointments are managed for privacy.</p>	<table border="1" data-bbox="683 846 1082 927"> <thead> <tr> <th data-bbox="683 846 882 882">Yes?</th> <th data-bbox="887 846 1082 882">No?</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 889 882 927"></td> <td data-bbox="887 889 1082 927"></td> </tr> </tbody> </table>	Yes?	No?																		
Yes?	No?																				
<p>9. *Send photographs of examination room layout, showing equipment in situ.</p> <p>a) Is there provision of privacy screening during the examination?</p> <p>b) Is there adequate lighting?</p> <p>c) Is there an adjustable Examination couch?</p> <p>d) Do you have Vision testing equipment situated at the correct distance from applicant?</p> <p>e) Do you have a PC, Printer and Internet access on site?</p> <p>f) State Brand of ECG machine & interpretive software and most recent calibration date:</p>	<table border="1" data-bbox="683 1279 1082 1359"> <thead> <tr> <th data-bbox="683 1279 882 1314">Yes?</th> <th data-bbox="887 1279 1082 1314">No?</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1321 882 1359"></td> <td data-bbox="887 1321 1082 1359"></td> </tr> </tbody> </table> <table border="1" data-bbox="683 1397 1082 1478"> <thead> <tr> <th data-bbox="683 1397 882 1433">Yes?</th> <th data-bbox="887 1397 1082 1433">No?</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1440 882 1478"></td> <td data-bbox="887 1440 1082 1478"></td> </tr> </tbody> </table> <table border="1" data-bbox="683 1516 1082 1597"> <thead> <tr> <th data-bbox="683 1516 882 1552">Yes?</th> <th data-bbox="887 1516 1082 1552">No?</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1559 882 1597"></td> <td data-bbox="887 1559 1082 1597"></td> </tr> </tbody> </table> <table border="1" data-bbox="683 1635 1082 1715"> <thead> <tr> <th data-bbox="683 1635 882 1671">Yes?</th> <th data-bbox="887 1635 1082 1671">No?</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1677 882 1715"></td> <td data-bbox="887 1677 1082 1715"></td> </tr> </tbody> </table> <table border="1" data-bbox="683 1753 1082 1834"> <thead> <tr> <th data-bbox="683 1753 882 1789">Yes?</th> <th data-bbox="887 1753 1082 1789">No?</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1796 882 1834"></td> <td data-bbox="887 1796 1082 1834"></td> </tr> </tbody> </table>	Yes?	No?			Yes?	No?			Yes?	No?			Yes?	No?			Yes?	No?		
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<p>g) State Brand of Audiogram machine and most recent calibration date:</p> <p>N.B. Class 2 AMEs only - if no Audiogram machine, state alternative arrangements for hearing tests for Applicants with an Instrument rating.</p> <p>h) Blood testing Haemoglobin, state Brand of machine and most recent calibration date:</p> <p>i) Blood testing Lipids, state brand of machine and most recent calibration date, or alternative arrangements:</p> <p>j) Arrangements for any other blood tests that may be required:</p> <p>k) Urine testing facilities Onsite:</p> <p>l) Arrangements for further investigation if required:</p>					
<p>10. State name, hospital or practice and qualifications of your local cardiologist to whom you send your ECGs for over read:</p> <p>11. Do you have access to other local specialists for referrals?</p> <p>a) If yes, please state details:</p> <p>12. Provide any other information you wish to support application, e.g., other facilities available on site.</p> <p>Attach additional pages if necessary.</p>	<table border="1" data-bbox="683 1249 1082 1335"> <thead> <tr> <th data-bbox="683 1249 880 1285">Yes?</th> <th data-bbox="880 1249 1082 1285">No?</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1285 880 1335"></td> <td data-bbox="880 1285 1082 1335"></td> </tr> </tbody> </table>	Yes?	No?		
Yes?	No?				

	FOR CAA ACTION ONLY
COMMENTS:	
APPROVED BY: Name: Title:	Signature:

Please return the completed and signed form via email to:
Ame.support@caa.co.uk