

Approval of AME Facilities



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.

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 Number:

Date Form Completed By AME:

AME Signature:

| | | Details Provided By AME | |
|---|--|-------------------------|-------------|
| 1. Information Required New Practice Address: Telephone: Email: Will it be – | | Primary: | Additional: |
| | | Yes: | No: |
| UK CAA website: a) Do you require this address to be published on the CAA website, once approved? b) Do you wish to remove a previous AME Practice address? c) If yes, please confirm the address that requires removal from our records: | | Yes: | No: |
| | | Yes: | No: |

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

| | Details Provided By AME |
|--|-------------------------|
| <p>2. Correspondence Address/Billing Address, if different to above</p> | |

| | Details Provided By AME |
|---|-------------------------|
| <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> | |

| | Details Provided By AME |
|--|-------------------------|
| <p>4. *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</p> <p>a) State names of staff who will act as chaperones or where Chaperone staff will be drawn from when required</p> | |

| | Details Provided By AME |
|--|-------------------------|
| <p>5. * Supply a copy of Data Privacy notice</p> <p>a) Describe where notice is displayed for Applicants, at the premises</p> | |

| | Details Provided By AME |
|---|-------------------------|
| <p>6. * Supply a copy of your Complaints procedure</p> | |

| | Details Provided By AME |
|---|-------------------------|
| <p>7. Describe arrangements for secure and confidential storage of any aeromedical records awaiting upload to Cellma?</p> <p>NB: 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> | |

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| | | Details Provided By AME | |
|--|------|-------------------------|--|
| <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> | Yes: | No: | |
| | | | |

| | | Details Provided By AME | |
|--|------|-------------------------|--|
| <p>9. *Send photographs of examination room layout, showing all 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 a well lit 6M Vision Chart situated at the correct distance from applicant? N.B. an Optical Mirror may be used at 3M from Chart and 3M from Applicant, in restricted spaces.</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> <p>g) State Brand of Audiogram machine and most recent calibration date. NB: Class 2 AMEs; 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 (i.e dipsticks?):</p> <p>l) Arrangements for further investigation of Positive Urine tests:</p> | Yes: | No: | |
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| | | Details Provided By AME | |
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| <p>10. State name, hospital or practice and qualifications of your local cardiologist to whom you send your ECGs for over read:</p> | | | |
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| Details Provided By AME | |
|---|----------------------|
| 11. Do you have access to other local specialists for referrals? a) If yes, please state details: | Yes: _____ No: _____ |

| Details Provided By AME | |
|--|--|
| 12. Provide any other information you wish to support application, e.g. other facilities available on site or additional equipment: | |

Attach additional pages if necessary.

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

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

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