

JAMES COOK UNIVERSITY DIVING REGISTER PERSONAL QUESTIONNAIRE

Surname: ..... Preferred Title(Mr. Ms. Dr. etc): .....

First Name(s): ..... Date of Birth: .....

Department: .....

Position at James Cook: ..... Ph #: .....

Divers who are not University Staff please give home address and details of next of kin on the reverse of this form.

When did you start snorkelling: ..... When did you start SCUBA diving: .....

Details of SCUBA diving qualifications: .....

Instructors name and address: .....

Recreational boat licence: ..... Commercial vessel ticket #: .....

Details of First-aid qualifications: .....

Oxygen therapy qualifications: .....

Diving Experience

Metres	Approx. number of hours	
	Day	Night
0 - 10		
10 - 20		

Metres	Approx. number of hours	
	Day	Night
20 - 30		
30 - 40		

Metres	Approx. number of hours	
	Day	Night
40 - 50		
50 +		

Principle Locations: .....

Total number of dives: ..... Deepest dive: ..... Details of most recent dive: .....

Indicate with the appropriate letter if you have experience diving in the following situations: E - Extensive (>30 times); M - Moderate (5-30 times); L - Limited (1-4 times).

- |   |  |   |
|---|--|---|
| ___ Diving from boats<br>___ Small boats<br>___ Vessels (>7M)<br>___ Blue water diving<br>___ Diving in fresh water<br>___ Diving in currents(> 0.5 knot)<br>___ Computer assisted diving | ___ Shore diving<br>___ Rocks<br>___ Surf<br>___ Mixed Gas diving<br>___ Surfaced supplied breathing apparatus<br>___ Diving coral reef<br>___ Diving using air assisted tools | ___ Penetration diving<br>___ Cave diving<br>___ Wreck diving<br>___ Low visibility diving (< 1.5M)<br>___ High visibility diving (> 15M)<br>___ Diving in mangroves<br>___ Diving using spear guns |
|---|--|---|

Details of previous work related diving: .....

If you have ever been involved in a diving accident, please give details: .....

Equipment

Item	Make and model	Date of last service
Regulator/s		
Gauges		
BCD		

The above is a true representation of my diving history. Signed: .....

UDO Only. Log book checked: ..... Qualifications Checked: .....

Medical Date: ..... Status: .....

Date registered: .....

In Townsville	Address:	..... ..... .....
	Contact Phone #:	.....
Next of Kin	Name:	.....
	Address	..... ..... .....
	Country:	.....
	Contact Phone #:	.....

**I understand there are inherent risks in diving on compressed air. I hereby release James Cook University and its agents from any liability due to SCUBA diving.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

UDO Only:

	Date	Assessment	Comments
<b>Pool Session</b>			
<b>Induction</b>			
<b>Prerequisites</b>			
<b>Scientific Diving</b>			

Appendix 3

<b>Theory Test</b>			