



Scottish Sub Aqua Club

Caledonia House, 1 Redheughs Rigg, South Gyle, Edinburgh, EH12 9DQ
Tel/Fax: 0131-625 4404 Email: hg@scotsac.com Website: www.scotsac.com

Application for Membership

I/We apply for membership of the Scottish Sub Aqua Club _____ Branch.

Class of membership applied for (please tick);

Class of Membership	Annual Subscription	Joining Fee	Notes
<input type="checkbox"/> Ordinary (18 yrs +)	£48.00	£9.00	Family membership covers up to 4 people (children up to the age of 18 years only), for each additional person add £2.50 per person joining fee.
<input type="checkbox"/> Joint	£73.00	£10.00	
<input type="checkbox"/> Junior (14 – 17 yrs)	£31.75	£6.00	Students please enclose a copy of your matriculation card.
<input type="checkbox"/> Associate	£29.00	£0.00	
<input type="checkbox"/> Student	£35.50	£6.00	Please make cheques & postal orders payable to " Scottish Sub-Aqua Club " and cross " a/c payee only ".
<input type="checkbox"/> Family	£88.50	£12.00	
<input type="checkbox"/> Junior snorkeler	£10.00	£0.00	

Please give details of all applicants (Please print clearly)

Name	Date of Birth
1	
2	
3	
4	
Postal Address	
Postcode	Telephone Number(s)
Email address	
<input type="checkbox"/> Tick this box if you do not want your email address added to the ScotSAC mailing list. Your details will only be used by ScotSAC personnel and no information will be passed to any other agency or party.	
<input type="checkbox"/> Tick this box if you have previous diving qualifications from other diving organisation	

ScotSAC will use and process information provided in accordance with the requirements of the Data Protection Act 1998. The information you provide to us with may be held on files, both paper and electronic. We will endeavour to keep your personal data safe and secure. Please note that by signing the application form you are giving explicit consent for the data collected about you to be recorded and used for those purposes.

Declaration

- I/We agree that I/we undertake underwater swimming at my/our own risk and responsibility, and that the Scottish Sub Aqua Club, its committees and agents shall not be held liable for any loss or injury I/we may sustain. I/We agree to abide by ScotSAC Child Protection Code of Conduct, as illustrated in the ScotSAC Child Protection Policy.
- I/we are not suffering from any physical complaint or ailment that may jeopardise my/our safety or wellbeing while taking part in the sport. I/we will comply with all rules, byelaws and policies as published by ScotSAC, and available from www.scotsac.com.
- Members are reminded that they are not covered by ScotSAC third Party Liability Insurance if their Membership is late or lapsed.

Applicant Signature(s):	Date:	
	Date:	
Signature of parent (or guardian), if under 18 years of age	Date:	
Signature of either: (delete as appropriate) Branch Diving Officer Branch Secretary Branch Chairperson	Date:	

Complete this form and send it to: *The Scottish Sub Aqua Club, Caledonia House, 1 Redheughs Rigg, South Gyle, Edinburgh, EH12 9DQ*
What to enclose:

- | | |
|--|---|
| <input type="checkbox"/> this form, completed in full and signed. | <input type="checkbox"/> a passport size photograph of each member (for your I.D. card) |
| <input type="checkbox"/> a photocopy of each members medical form | <input type="checkbox"/> a completed Direct Debit Mandate (if applicable) |
| <input type="checkbox"/> a photocopy of your matriculation card if you are applying for student membership | <input type="checkbox"/> a cheque or PO covering the annual subscription and joining fee of £ (please make payable to " Scottish Sub-Aqua Club " and crossed " a/c payee only "). |

Equity Profile Questionnaire

ScotSAC is committed to implementing the *Equity Standard: A Framework for Sport*. In order to achieve the Foundation Level of the Standard, we are required to carry out an audit to ascertain the equity profile of our members. This audit will enable us to identify any under-represented groups or potential areas of inequity in the organisation and to take action to address any emerging issues.

Please be assured you will not be identified from answers you provide and the returned questionnaires will be seen only by our administration staff. All data will be processed in line with the Data Protection Act 1998, as set out in our Privacy and Data Protection policy, which is available from www.scotsac.com.

Each member should complete a section (additional members please complete an additional page)

Member 1 -					Please enter your date of birth: / /				
Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Prefer not to answer			
Ethnic Origin – please tick the appropriate box to indicate your cultural background									
White		Mixed		Asian, Asian Scottish or Asian British			Black, Black Scottish or Black British		
<input type="checkbox"/> Scottish		<input type="checkbox"/> White and black Caribbean		<input type="checkbox"/> Pakistani			<input type="checkbox"/> Caribbean		
<input type="checkbox"/> British		<input type="checkbox"/> White and black African		<input type="checkbox"/> Bangladeshi			<input type="checkbox"/> African		
<input type="checkbox"/> Irish		<input type="checkbox"/> White and Asian		<input type="checkbox"/> Chinese			<input type="checkbox"/> Other black background		
<input type="checkbox"/> Other white background		<input type="checkbox"/> Other mixed background		<input type="checkbox"/> Other Asian background					
<input type="checkbox"/> Any Other ethnic group:				<input type="checkbox"/> I prefer not to answer this question					
Disability - The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his /her ability to carry out normal day – to day activities'. If you consider yourself to have a disability please tick the appropriate box.									
<input type="checkbox"/> No		<input type="checkbox"/> Yes		If yes, please indicate which category your disability falls into:					
<input type="checkbox"/> Physical disability		<input type="checkbox"/> Learning Disability		<input type="checkbox"/> Visual impairment		<input type="checkbox"/> Hearing impairment		<input type="checkbox"/> Other : (give details)	

Member 2 -					Please enter your date of birth: / /				
Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Prefer not to answer			
Ethnic Origin – please tick the appropriate box to indicate your cultural background									
White		Mixed		Asian, Asian Scottish or Asian British			Black, Black Scottish or Black British		
<input type="checkbox"/> Scottish		<input type="checkbox"/> White and black Caribbean		<input type="checkbox"/> Pakistani			<input type="checkbox"/> Caribbean		
<input type="checkbox"/> British		<input type="checkbox"/> White and black African		<input type="checkbox"/> Bangladeshi			<input type="checkbox"/> African		
<input type="checkbox"/> Irish		<input type="checkbox"/> White and Asian		<input type="checkbox"/> Chinese			<input type="checkbox"/> Other black background		
<input type="checkbox"/> Other white background		<input type="checkbox"/> Other mixed background		<input type="checkbox"/> Other Asian background					
<input type="checkbox"/> Any Other ethnic group:				<input type="checkbox"/> I prefer not to answer this question					
Disability - The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his /her ability to carry out normal day – to day activities'. If you consider yourself to have a disability please tick the appropriate box.									
<input type="checkbox"/> No		<input type="checkbox"/> Yes		If yes, please indicate which category your disability falls into:					
<input type="checkbox"/> Physical disability		<input type="checkbox"/> Learning Disability		<input type="checkbox"/> Visual impairment		<input type="checkbox"/> Hearing impairment		<input type="checkbox"/> Other : (give details)	

Thank you for taking the time to complete this questionnaire.

UK SPORT DIVER MEDICAL FORM

Any fee in respect of the medical examination is the responsibility of the person being examined.

Diving training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive



NOTES TO DIVER

Before anyone can undertake diver training, it is necessary for him or her to have completed this medical declaration. If he or she answers "Yes" to any question they must contact a medical referee (listed on the last page of this form) which may result in a medical examination. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit and do not suffer from any of the possible disqualifying conditions listed in the questionnaire. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers.

MEDICAL STANDARDS

A reference table describing the more common medical conditions which may cause problems for divers or may disqualify them from diving altogether is set out on the inside pages.

CERTIFICATE OF FITNESS TO DIVE

If you have to see a Medical Referee and are found fit to dive, they will give you a completed Certificate of Fitness to Dive, You should show it to your Diving Officer and insert it in your Qualification Record Logbook for reference purposes.

VALIDITY & STORAGE

All Divers need to submit a completed medical questionnaire annually. If there are any "yes" responses, the medical referee will decide on fitness to dive, any change in health must be declared to a referee. Once a "yes" has been cleared as fit to dive and there are no new changes in health, the medical questionnaire will be passed in subsequent years with no further medical needed. A copy of completed form must be kept by the diver, his/her Branch and a copy sent to the organisations HQ. The Medical Referee is advised to retain the records of those examined, and give a photocopy of the record to the diver and send a copy to organisations HQ.

SECTION A This portion to be completed by the applicant

Name.....
 Address.....

Postcode.....

Telephone.....Age.....
 Occupation.....
 Dive Organisation.....Branch.....
 Date of birth.....Mem. No.....

Diver Medical Health Questionnaire

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you suffered from or had to take medication for asthma? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had any back or spinal surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you at any time had chest or heart surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had collapsed lung or pneumothorax? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you any history of alcohol or drug abuse in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had any other chest or lung disease? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you suffered at any time from blackouts, fainting or recurrent dizziness? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are you currently taking any prescribed medication (except the contraceptive pill)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had regular ear problems in the past ten years? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have an ileostomy, colostomy or ever had repair of a hiatus hernia? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you ever been refused a diving medical certificate or life insurance or been offered special terms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had epilepsy or fits? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have you ever had, or been treated for, decompression illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had recurrent migraines? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

If you answered "Yes" to any question, then give further details below. The completed form should then be returned to headquarters and they will forward it to a medical referee.

I hereby declare that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my fitness for diving. I authorise any doctor who has attended me to disclose my medical history if requested to by a Medical Referee.

Signed _____ Date _____

MEDICAL STANDARDS

These notes are included for the guidance of divers completing this form who may be unfamiliar with requirements for diving.
If in doubt, please discuss with your nearest Medical Referee.

GENERAL	Should your health change, you must notify your diving organisation and see a Medical Referee. If your instructor is unhappy about any aspect of your health, you may be referred to a Medical Referee. If planning to dive abroad, some countries require a full medical examination. Check in good time before you travel. Diving is not advised during pregnancy or when trying to conceive. Smoking reduces fitness and increases the risk of air embolism, pneumothorax, and coronary thrombosis.		
SYSTEM	DISQUALIFYING FACTORS	ALLOWABLE FACTORS	OTHER POINTS
ENT	Perforated eardrum in new entrants, chronic vestibular disease in new entrants.	Perforated eardrum known to have been present during several years of diving. Healed perforation, including "paper thin" scars. Unilateral nasal block. Sinusitis if not adversely affected by diving	Ear clearing is best checked by a practical test in the pool. Perforated eardrums can be surgically repaired and enable the individual to dive.
Oral Cavity	Dentures must be retained in place on fully opening the mouth and not be dislodged by placing jaws together in any position, or by movement of one denture against the other. They should extend to the muco-buccal fold. If dentures do not satisfy these requirements, they should not be worn whilst diving. Cleft palate not acceptable without Referee's opinion.		Bad teeth and fillings should not normally disqualify from diving but dental attention is recommended as neglect leads to dental caries, toothache and loss of teeth.
Respiratory System	Suspicion of active tuberculosis. Tuberculosis scars other than healed primary focus in new entrants. History of spontaneous pneumothorax, lung cysts or bullae normally disqualifies. Possible surgical treatment should be discussed with a Medical Referee. Spontaneous pneumothorax that occurred more than four years ago may be allowable provided a full set of lung function tests are performed and are normal. A Medical Referee must be consulted.	T.B. scars in established diver subject to Referee's opinion. Traumatic pneumothorax not necessarily a disqualifying factor. Asthma, surgical removal of lung tissue, chronic bronchitis or any other serious chest condition must be seen by a Medical Referee.	A chest X-ray is not required on entry or at repeat medical examination unless there is a history of significant cardiovascular disease, respiratory disease or occupational exposure (since the last medical in the case of a repeat medical) or if the physical examination reveals an abnormality in the cardiovascular or respiratory systems. Doctors must see film or report before signing certificate.
Cardiovascular System	Ischaemic heart disease (Coronary heart disease), significant valve disease. Other heart disease, systolic pressure over 160 mm Hg, diastolic pressure over 100 mm Hg in established divers and 90 mm Hg in new entrants, or other evidence of hypertensive damage.	Minor asymptomatic heart disease other than ischaemic (subject to more frequent medical checks). Subjects with well-controlled hypertension without evidence of damage may be permitted to dive. Intracardiac shunts ("Holes in the heart") must be seen by a Medical Referee.	Subjects with a pacemaker must be seen by a Medical Referee.
Haematology	Haemophilia if factor VIII is below 20%, sickle cell disease, thalassaemias and polycythaemia are not allowed to dive except as noted under Allowable Factors.	Mild anaemia but advise investigation. Tumours and leukaemia may be allowable but must be seen by Medical Referee. Sickle cell trait. Von Willebrand's disease must see Medical Referee Polycythaemia if haematocrit normal with treatment.	Sickle cell test only where clinically indicated. Haemophiliacs may be permitted to dive provided factor VIII is more than 20% but only after being seen by Medical Referee. Subjects with sickle cell trait should exercise caution when using rebreathers owing to the risks associated with mild degrees of hypoxia.
Abdomen and Urogenital System	Significant proteinuria (albumin in the urine), until the cause has been established.	Healed peptic ulcer. Abdominal hernias (but repair is advised).	
Nervous System and Vision	History of confirmed epilepsy including post-traumatic fits must be seen by Medical Referee. Any serious head injury in past three months. Currently symptomatic psychiatric or personality disorders. Any disease of CNS (MS, Polio, Petit Mal, etc.) to be seen by Medical Referee.	Febrile convulsions but no other type of fit allowable. Multiple Sclerosis – only stable patients free from recent attacks acceptable.	A single isolated fit or severe head injury to be seen by Medical Referee. Severe visual impairment to be reported to Referee. A long fit free period off anticonvulsants may be allowable.
Endocrine	Diabetes with any long-term diabetic complications or frequent hypoglycaemic attacks.	Referral to Medical Referee is required for diabetic subjects and for all other endocrine disorders.	An annual medical is mandatory for diabetics.
Drugs	The use of the following disqualifies: oral sympathomimetics (other than proprietary nasal decongestants), oral steroids, muscle relaxants, digoxin, and psychotropic drugs - see comments in Other Points column. Alcohol, drug or narcotic abuse to disqualify.	Antihistamines, anti-seasickness preparations, and analgesics should only be used with caution. Oral contraceptives and diuretics are allowable.	If any psychotropic drug (including tranquillisers, sedatives and hypnotics) has been used, the candidate should not dive for at least 3 months after complete cessation of therapy without the consent of a Medical Referee.
Decompression illness since last Medical	Must be seen by a Medical Referee		
Disabilities	Anyone with a significant disability must be assessed by a Medical Referee. Suitable organisations to contact are "Dolphin" (Tel No 01752 209999) or the Headquarters of the Diving Associations who have jointly published this form.		