

DIVER REGISTER

Name:	
Address:	
Date of Birth:	
Contact number:	
Status:	Staff, Visitor, Honors Student, Post Grad Student, Volunteer

Next of Kin

Name:	
Address:	
Phone Number:	
Relationship:	

Diving

	Details	Sighted by DSO
Highest Diving Qualification: (attach copy)		
Senior First Aid: (attach copy)		
Advanced Resuscitation: (attach copy)		
Additional Qualifications: (attach copy)		
Most Recent Diving Medical: (attach copy)		
Number of Logged Dives:		
Number of Logged Hours:		

Any Diving Related Accidents or Incidents

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I have read the UNSW Australia Scuba Diving Operations Manual, the WHS Regulation 2011 and the AS2299.2	(Signature and Date)
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Approved as:	Dive Coordinator, Scientific Diver, Restricted Scientific Diver, Visiting Scientific Diver, Visiting Restricted Scientific Diver
DSO's signature and Date:	