

**Membership  
Application  
or Renewal**

# Scottish Sub Aqua Club

Caledonia House, 1 Redheughs Rigg, South Gyle, Edinburgh, EH12 9DQ  
email: [hq@scotsac.com](mailto:hq@scotsac.com) Website: [www.scotsac.com](http://www.scotsac.com) Tel: 0131 625 4404



- This form should be completed by **EVERY NEW AND RENEWING APPLICANT** and includes a Diver Medical Form.
- Renewing members normally need only complete the questions with a **grey background** and the Diver Medical Form unless there are changes required to information such as contact details, medical information, qualifications etc.
- Family and Joint members should note that each applicant must complete their own form and send these to HQ **together** with an enclosed payment to cover the total due. (i.e. one form for each applicant.)

Surname	-	Address 1	-
First Name	-	Address 2	-
Date of birth	-	Address 3	-
Mobile telephone	-	Post Code	-
Home telephone	-	Country	-
ScotSAC Branch	-	Email address	-
Membership Category	-	(Note 1 – Category for this applicant - e.g. JNT)	Payment enclosed
		- Annual Subscription	£
		(Note 1 – payment due for this applicant)	

**Joint and Family Category applicants** - please list here all partners and/or children applying to join/renew together:

1-	2-	3-	4-
Please submit one completed form, including Diver Medical Form, for each applicant or renewal			

**Diving Qualifications:** (see Note 2) -

<b>Email list</b>	- Can we add your email address to our distribution list?	(see Note 3)	Yes / No
<b>Data Protection</b>	- Have you read the ScotSAC Data Protection Statement?	(see Note 4)	Yes / No
<b>Declaration</b>	- Do you agree to the ScotSAC Declaration Statement?	(see Note 5)	Yes / No
<b>Diver Medical</b>	- Have you completed and attached the Diver Medical Form?	(see Note 6)	Yes / No
	- Are there any relevant changes to your health status since your last application?		Yes / No
<b>Medical Cert.</b>	- If ScotSAC has previously issued you a Medical Cert – what is the expiry date?		/ /
<b>Equity Profile:</b> (see Note 7)		Gender (i.e. M / F / -)	-
This question is aligned with <i>Equity Standard: A Framework for Sport</i> . It is not compulsory, but ScotSAC would very much appreciate your response, which will remain completely confidential.		Ethnic Origin (i.e. No 1-17)	- eg 12
		Disability (i.e. No 1-6)	- eg 4

If you responded "Ethnic Origin 20" or "Disability 6" please elaborate -

<b>Applicant</b>	Name	Signature	Date
<b>Branch Secretary (new members)</b>	Name	Signature	Date
<b>Parent or Guardian (u18s)</b>	Name	Signature	Date

You are reminded that you are not covered by ScotSAC Third Party Liability Insurance if your Membership is late or lapsed.

**Checklist:** Have you included the following paperwork in your application?

<input type="checkbox"/> This form completed, incl. Diver Medical Form (all)	<input type="checkbox"/> Cheque or PO to cover all applications submitted (all)
<input type="checkbox"/> Passport sized photo (new members only)	<input type="checkbox"/> Previous Qualifications – photocopies (new applicants)
<input type="checkbox"/> Evidence of college registration (students only)	<input type="checkbox"/> Qualifications update – photocopies of logbook/record book signed by your BDO and/or Regional Coach (as appropriate).
<input type="checkbox"/>	

**Note 1 – ScotSAC Membership Categories:**

Class of Membership	Member Category	Age (yrs)	Annual Subscription	Notes
Junior snorkeler	JSN	under14	£10.00	<p><b>Cheques &amp; postal orders</b> crossed "a/c payee only" and payable to "Scottish Sub-Aqua Club".</p> <p><b>No late renewal fee.</b> If your membership is more than 6 months late, your next renewal date will be 12 months after payment.</p> <p><b>Students</b> please enclose a copy of your matriculation card or evidence of registration.</p> <p><b>Family membership</b> covers up to 4 people (2 adults and 2 children up to the age of 18 yrs only).</p>
Junior	JUN	14–17	£33.50	
Associate (non diver)	ASC	14+	£30.00	
Student	STU	18+	£37.00	
Ordinary (single)	ORD	18+	£50.00	
Joint (two persons)	JNT	18+	£76.00	
Family (2+2)	FAM	18+	£93.00	

**Joint and Family Membership** applicants please complete all relevant parts of one application form **for each member** of the group, including Diver Medical Forms. For Joint and Family applications, both/all forms must be submitted together with one aggregate payment for all the applications, and the membership dates will be concurrent for all applicants.

**Note 2 – Diving Qualifications:**

**New applicants** should detail briefly any existing diving qualifications, date of passing and organisation (eg PADI Open Water, July 2008), number of logged dives and any other relevant information. Include photocopies of any qualifications cards / Certificates.

**Existing members** should note any **new qualifications** during the previous year and provide copies of relevant log book sections showing BDO and RC signatures so that our database can be updated correctly.

**Note 3 – email usage:** Do you agree to your email address being added to the ScotSAC mailing list?

Your email address will only be used by ScotSAC personnel and no information will be passed to any other agency or party.

**Note 4 – Data Protection Statement:** ScotSAC will use and process information provided in accordance with the requirements of the Data Protection Act 1998. The information you provide to us 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. You also agree to abide by ScotSAC Child Protection Code of Conduct, as illustrated in the ScotSAC Child Protection Policy, ([www.scotsac.com](http://www.scotsac.com)).

**How information about you will be used:**

Personal information which you supply to the ScotSAC may be used in a number of ways, for example:-

- to administer and manage your membership and related benefits including training and qualifications
- to review, develop and improve the services and activities offered by us
- to provide you with details of forthcoming activities and events (as well as those of selected third parties (including our partner organisations and clubs)
- to research, develop and manage new and existing programmes and projects and to promote our sport
- to monitor the ScotSAC's compliance with equal opportunities legislation and the Equity Standard For Sport and to promote and/or maintain equality of opportunity or treatment
- for statistical analysis.

Where your membership benefits include insurance, we may pass your personal information (which may include information about your health) to the insurer so that they can administer and manage your insurance-related benefits and any claims which you might make. Information provided by you may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.

**Sharing Information**

If you are a member of an affiliated club or a member of staff at an approved centre, we may share your personal information with the club/centre for the purposes set out above. We may pass also your personal information to ScotSAC committee officials so that they can contact you regarding your involvement in, and the development of, our sport. ScotSAC may also make your information available to those who provide products or services to the ScotSAC (such as database administrators). We will share aggregated and anonymised information about our members with certain other organisations, which may include **sports**scotland, the Scottish Government and Sports Coach UK for the purposes of supporting sports and policy development. This information will not identify you specifically.

**Electronic Marketing**

We would also like to send you information about ScotSAC activities, events, tournaments and competitions as well as those of selected third parties (including ScotSAC Affiliated Clubs and our partner organisations) by e-mail and SMS.

**How to contact us**

For further information on how your information is used, how we maintain the secrecy of your information, and your rights to access information we hold on you, please write to us at ScotSAC, Caledonia House, 1 Redheughs Rigg, South Gyle, Edinburgh, EH12 9DQ.

**By signing this form you agree that ScotSAC may use and disclose your information for the purposes described above.**

**Note 5 – ScotSAC Declaration Statement:**

I agree that I undertake underwater swimming at my 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 may sustain. I agree to abide by ScotSAC Child Protection Code of Conduct, as illustrated in the ScotSAC Child Protection Policy. I am not suffering from any physical complaint or ailment that may jeopardise my safety or wellbeing and/or that of others, while taking part in the sport. I will comply with all rules, byelaws and policies as published by ScotSAC, and available from [www.scotsac.com](http://www.scotsac.com)

**Note 6 – Diver Medical Form:**

Every new and renewing applicant MUST submit a fully completed Diver Medical Form every year when membership is renewed, even for those who have no medical problems and those who have multi-annual medical certificates. The purpose of this declaration is to reassure ScotSAC that every member's fitness to dive has not changed and is being appropriately monitored. If you have a current five-year certificate you should keep it safe and be sure to complete the question concerning its expiry date.

**Note 7 – Equity Survey:**

ScotSAC is committed to implementing the *Equity Standard: A Framework for Sport*. 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](http://www.scotsac.com).

<b>Gender</b>	M - Male	F - Female	N - Prefer not to answer
<b>Ethnic Origin</b> – Please return only the number below on the previous page			
<b>White</b>	<b>Mixed</b>	<b>Asian, Asian Scottish or Asian British</b>	<b>Black, Black Scottish or Black British</b>
1 – Scottish	5 - White and black Caribbean	9 - Pakistani	13 - Caribbean
2 - British	6 - White and black African	10 - Bangladeshi	14 - African
3 – Irish	7 - White and Asian	11 - Chinese	15 - Other black
4 - Other white	8 - Other mixed	12 - Other Asian	
20 - Any Other ethnic group		21 - I prefer not to answer this question	
<b>Disability</b> - 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'. Please return only the number below on the previous page.			
1 - No disability	2 - Physical disability	3 - Learning Disability	
4 - Visual impairment	5 - Hearing impairment	6 – Other	

**2010 UK SPORT DIVER MEDICAL FORM**



Diving Training should not be undertaken until the candidate has completed this Medical Declaration or had a Medical Examination confirming fitness to dive. [www.uksdmc.co.uk](http://www.uksdmc.co.uk)

Fees for countersignature of this form or for a medical examination are the responsibility of the diver.

**NOTES TO DIVER**

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. 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. If you have any queries then please contact a medical referee (listed on the website above).

After completing the questions below please follow the instructions overleaf.

IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE.

**DIVER’S NAME AND DOB.....**

**Diver Medical Health Questionnaire**

**YES NO**

Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?		
Have you at any time had chest or heart surgery?		
Do you have a history of bleeding or blood disorders?		
Have you suffered from or had to take medication for asthma?		
Have you ever had collapsed lung or pneumothorax?		
Have you ever had any other chest or lung disease?		
Have you suffered at any time from blackouts, fainting or recurrent dizziness?		
Have you had regular ear problems in the past ten years?		
Do you have an ileostomy, colostomy, or ever had repair of a hiatus hernia?		
Have you ever had epilepsy or fits?		
Have you had recurrent migraines?		
Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?		
Have you had a head injury with loss of consciousness in the past 5 years?		
Have you ever had any back or spinal surgery? Or had any serious back problems ?		
Have you ever had any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?		
Have you any history of alcohol or drug abuse in the last five years?		
Do you have diabetes?		
Are you taking any prescribed medication (except the contraceptive pill?)		
Are you currently receiving medical care or have you consulted the doctor in the last year for conditions other than the common cold?		
Have you ever been refused a diving medical certificate or life insurance or been offered special terms?		
Have you ever had, or been treated for, decompression illness?		
Could you be pregnant, or trying to get pregnant?		

**P.T.O.**

If you have answered yes to any question please give details below.

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**IMPORTANT - Please read these instructions carefully then fill in your, name, address and contact telephone number/email and then sign below**

Divers answering “No” to all questions should complete and sign this declaration, deleting answer b), hand the original copy to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering “Yes” to any question or are unsure on any area should delete answer a) and sign. They must then seek advice from a Medical Referee.

- From a telephone call enquiry, the Referee may only need to endorse this form on your behalf. You will need to send the form to the Referee with a written confirmation of your statements, the required fee and a stamped addressed envelope for endorsement by them and return to you. Hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.

- The Medical Referee may require a statement from your GP and/or to see you for an examination and if you are found fit to dive, they will give you a completed **Certificate of Fitness to Dive** with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand it to your Diving Officer. Ensure you retain the original of the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

Name..... Telephone..... Email.....  
Address..... Occupation.....  
..... Dive Organisation.....Branch.....  
.....Post Code..... Date of Birth.....Membership No.....

I authorise any doctor who has attended me to disclose my relevant medical history if requested to a Medical Referee.

**Delete a) or b) following as appropriate.**

- a) I hereby declare that my response to all the above questions is “No” and that to the best of my knowledge, I am in good health and declare that I have not omitted any information which might be relevant to my fitness for diving.
- b) The answer to one or more of the above questions is “Yes”. I have notified the Medical Referee who I have asked to endorse this form.

Signed..... Date.....  
(Signature of Parent or Guardian if under the age of 18)

**For completion by Medical Referee if required by applicant**

Please delete where applicable

- a) In light of the verbal and/or written statements to me I hereby endorse this self-declaration form on behalf of the applicant.
- b) Unless there is a change in the applicant’s medical condition, they need not submit their self declaration form to a medical referee  
1) indefinitely            2) for            years (Applicant should save a photocopy of this form for future years.)
- c) Having examined the applicant, I have issued a Certificate of Fitness to Dive.

Signature of Medical Referee.....Date.....

Certificate of Fitness issued/not issued            Dated.....Expiry Date.....

**VALIDITY AND STORAGE**

**This form is valid for one year only unless certified for a longer period by the Medical Referee.** Any change in health must be declared as this may affect your fitness to dive. Completed forms must be kept by the diver’s Branch/Club during the period of validity.

**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.

<b>GENERAL</b>	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.		
<b>SYSTEM</b>	<b>DISQUALIFYING FACTORS</b>	<b>ALLOWABLE FACTORS</b>	<b>OTHER POINTS</b>
<b>ENT</b>	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.
<b>Oral Cavity</b>	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.
<b>Respiratory System</b>	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 <b>unless</b> 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.
<b>Cardiovascular System</b>	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.
<b>Haematology</b>	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.
<b>Abdomen and Urogenital System</b>	Significant proteinuria (albumin in the urine), until the cause has been established.	Healed peptic ulcer. Abdominal hernias (but repair is advised).	
<b>Nervous System and Vision</b>	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.
<b>Endocrine</b>	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.
<b>Drugs</b>	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 tranquilisers, 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.
<b>Decompression illness since last Medical</b>	Must be seen by a Medical Referee		
<b>Disabilities</b>	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.		