

**Fit and Proper Person Questionnaire
Medical Examiner Designation**



Full Name:				Client ID	
Address for Service: Civil Aviation Act, s8, requires applicants to provide an address for service (ie, a physical address) and to promptly notify the Director of any changes.					
Tel:		Fax:		Email:	
Postal Address: If different from Address for Service.					
Tel:		Fax:		Email:	

Fit and Proper Person Assessment		
The information solicited herein is required pursuant to Sections 9 and 10 of the Civil Aviation Act 1990, which provides for a fit and proper person test to be satisfied.		
	Yes*	No
(a) Have you, in any country, previously had an application for an aviation document rejected?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have you, in any country, been the holder of an aviation document, which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence)?	<input type="checkbox"/>	<input type="checkbox"/>
* If answering "Yes", please give details below:		
	Yes*	No
(c) Have you, in any country, been convicted of any transport safety regulatory offence?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Are you, in any country, presently facing charges for transport safety regulatory offences?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Have you, in any country, been convicted for any offence?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Are you, in any country presently facing charges for any offence?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Have you any history of adverse physical or mental health or serious behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Have you been found guilty of malpractice of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Have you been the subject of/or dealt with in disciplinary or similar proceedings relating to medical practice?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Are you currently being investigated for any disciplinary or similar matters by any medical registration authority?	<input type="checkbox"/>	<input type="checkbox"/>
* If answering "Yes" to questions c to j above, please provide details on separate sheets (signed and dated) enclosed in a sealed envelope marked to "Confidential, Principal Medical Officer, Central Medical Unit, Civil Aviation Authority".		

Criminal Conviction History

All applicants must provide official records of their Criminal Offence History from all countries that they have resided in for more than 6 consecutive months within the past 5 years.

List all countries that you have resided in for a consecutive period of more than 6 months within the past 5 years.

1.
2.
3.

- (a) Attach a report of your criminal record history from the Ministry of Justice if you have resided in NZ for more than 6 consecutive months within the last 5 years.
This report can be obtained by submitting a Ministry of Justice Priv/FI form to the Ministry's Privacy Unit. DO NOT request a record of any convictions that will be concealed if you meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004. The PTIVIFI form can be downloaded from the Ministry of Justice website www.justice.govt.nz/privacy/ or is available from District Courts.
- (b) Attach a report of your criminal record history from all countries outside NZ in which you have resided in for more than 6 consecutive months within the last 5 years.

Note: The conviction reports must be submitted with this questionnaire even if they detail nil convictions. The report may be attached in an envelope marked to "Confidential, Principal Medical Officer, Central Medical Unit, Civil Aviation Authority".

Declaration

The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 49 of the Civil Aviation Act 1990 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$10,000.

I declare that to the best of my knowledge and belief, the statements made and the information supplied in this application and the attachments are complete and correct.

Consent to Disclosure and Collection

I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of the following information about me: my knowledge and compliance with transport safety regulation requirements; my physical or mental health or serious behavioural problems; any criminal investigations charges or convictions, including any matters relating to any transport safety offence; information from the New Zealand Medical Council, Health and Disability Commissioner or equivalent organisation. However I do not consent to the release of any information to which the clean slate scheme applies, pursuant to the Criminal Records (Clean Slate) Act 2004.

I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act 1990, or other such purpose permitted by law.

Signature

Date

Post or deliver this form to: Civil Aviation Authority of New Zealand
PO Box 3555
Wellington 6140
Attention: Central Medical Unit

CAA USE ONLY

Assessment

Fit and Proper Person: Yes No

Name:

Signature:

Position:

Date: