

Nomination of a doctor to be appointed as an Appointed Doctor

Health and Safety at Work (Northern Ireland) Order 1978 (as amended by the Health and Safety at Work (Amendment) (Northern Ireland) Order 1998)

Part 1 (Nomination):

- **To be completed by the employer or the employer's representative**

Name of proposed doctor:

Regulation under which
Appointment is required:

Name of company:

NI Asbestos Contractors licence*:

AB/

*To be completed where the appointment is being Requested in order to comply with the NI Asbestos Regulations only.

Address(es) of workplace(s) to
which the appointment relates:

Signature:

Name (CAPITAL letters):

Position in firm:

Telephone number:

Ext:

Email address:

Date:

Once you have completed this nomination portion of the application you should forward same to your nominated doctor in order that he / she might complete the relevant application portions hereafter.

Information to be provided by the nominated doctor for the purposes of statutory appointment as an Appointed Doctor.

Health and Safety at Work (Northern Ireland) Order 1978 (as amended by the Health and Safety at Work (Amendment) (Northern Ireland) Order 1998)

Part 2b (Application – professional qualifications):

Date	Professional qualification

Details of posts held (other than those of an Appointed Doctor – see Part 2c, over)

Date of commencement	Details of posts currently held (including General Practice)

Training and experience in occupational medicine:

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Practical experience in occupational medicine:

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Please advise if you undertake CPD in occupational medicine. If so, through which body?

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Information to be provided by the nominated doctor for the purposes of statutory appointment as an Appointed Doctor.

Do you have regular appraisal in occupational medicine? Yes No
(please tick as appropriate)

If "yes" who is your appraiser?

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Are your statutory duties considered in any such appraisal? Yes No
(please tick as appropriate)

Part 2c (Application – current / past appointments):

Are you currently an appointed Doctor ? Yes No
(please tick as appropriate)

or have you held an appointment previously? Yes No
(please tick as appropriate)

If yes (previously) please state name of firm(s) and under which regulation(s)

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Part 2d (Application – present duties):

Particulars of **present duties** at the factory or other place to which this application relates

Name of factory:

Date of commencement: Period of appointment:

Frequency / reason and duration of visits:

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Duties:

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Information to be provided by the nominated doctor for the purposes of statutory appointment as an Appointed Doctor.

Part 2e (Application – Declaration):

Please state if remuneration is by salary or by fees and if it includes a share in any profit or bonus of the firm

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Details of any financial interest in the firm e.g. stocks, shares, patents etc

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Declaration

If appointed I agree to accept that:

- The duties required under the relevant Regulations shall be punctually and faithfully performed by me or in my absence by an Employment Medical Adviser or by a fully registered medical practitioner appointed for the purpose by the Health and Safety Executive for Northern Ireland;
- In carrying out the duties I shall comply with any administrative and clinical procedures recommended by the Employment Medical Advisory Service;
- I shall keep such records and provide such information as the Employment Medical Advisory Service may prescribe;
- I shall be prepared to undertake suitable refresher training relevant to these duties if recommended by the Employment Medical Advisory Service;
- I shall at such intervals as may be specified, provide a statement in the prescribed form of the examinations made in pursuance of the relevant Regulations;
- I have the facilities for the measurement of pulmonary function (FEV and FVC as a minimum) and chest X-rays; (delete this point unless seeking appointment under the Control of Asbestos at Work Regulations (NI) 1988);
- I undertake to participate in the Employment Medical Advisory Service survey of asbestos workers, if appropriate; and
- Failure to observe any of these conditions may result in my appointment being revoked.

Signature **Date**

Please check that you have answered all portions of this form and that you have included relevant copies of certificates etc where appropriate.

Should you have any queries in relation to the completion of this form then please feel free to contact us for clarification on **02890 347487**.

Completed forms should be returned to:

**Health and Safety Executive for Northern Ireland
Employment Medical Advisory Service
2nd Floor
Longbridge House
16-24 Waring Street
Belfast
BT1 2DX**