



# Officials' Specialist Licence (Medical)

Upon completion of this form, the Introductory Module & acceptance of credentials, the applicant is granted a General Official & Specialist **Licence (Medical or Paramedical)**. Please note this form **must** be submitted to CAMS Customer Services with post event paperwork or by mail to PO Box 427, Caulfield East, VIC, 3145. Please ensure all sections are completed and signed where indicated.

CAMS Member Number:  (office use only)

Received Stamp Here  
(office use only)

## Section 1 – Personal Details

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Town / Suburb: \_\_\_\_\_ Postcode :

Telephone: Work: ( ) Home: ( ) Mobile: ( )

Fax: ( ) Email: \_\_\_\_\_

Date of Birth: / /

Emergency Contact 1: (Name & Phone) \_\_\_\_\_ Emergency Contact 2: (Name & Phone) \_\_\_\_\_

AHPRA Number:  Professional Qualification Certificate / Registration supplied:

## Section 2 – Recording your Event Experience

Date	Event Type	Event Title	Event Status	Position Type	Initials of Supervising Official
18/04/2010	Circuit Race	CAMS State Championship	State	Medical Officer	(Example Only)

Medical Supervisor / Clerk of the Course: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

CAMS Member Number of Supervisor: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

Please retain this section for your records – reverse side has information on where to from here.

Surname:  Given names:

Name of Supervisor who signed your form:  Date:

Event:

Medical Provider:

AHPRA Number:  Professional Certificate / Registration supplied:

If you have not heard from CAMS within 4 weeks please call the Officials Hotline

# Section 3 – Consent Statement for Applicants Under 18 Years

Are you under 18 years of age?

**Yes**  
Parent/Legal guardian to sign below

**No**  
You **do not** need to sign below

## Consent Statement for applicants under 18 Years:

I (print full name)

of (print address)

am the parent / guardian of the above named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending / participating in the event at his / her own risk.

Parent/Legal Guardian signature:

***SIGN HERE** (if applicable)*

Date:

**IMPORTANT NOTE:** If applicant is under the age of 18, please read CAMS Junior Officials policy which is available on the CAMS website, or from your CAMS State Office.

## WHERE TO FROM HERE - Steps to becoming a Specialist Medical or Paramedical Licence Holder

1. Complete the days activity
2. Complete the Officials Specialist Licence (Medical) Form – ensure all parts are signed
3. Please make sure a current copy of your professional qualification has been attached OR simply provide your *Australian Health Practitioner Regulation Agency (AHPRA)* registration number in the box provided in Section 1
4. Have your event supervisor sign off your form – ensure all parts are signed
5. Your supervisor will have your application lodged with the Post Event paperwork or you can mail to: CAMS Customer Services, PO Box 427, Caulfield East, VIC, 3145. (including the copy of your qualification)
6. Complete the CAMS Introductory Training Module either on-line which will be emailed to you upon receipt of your application (ensure email address is provided) OR, complete the CAMS Introductory Module at a face -to-face session in your state by contacting your Sport and Club Development Officer to book into a session on 1300 883 959
7. On successful completion of your Introductory Training Module you will be granted a General Official & Specialist Licence (Medical or Paramedical) which will be posted to you.

## Please Note:

A Specialist Medical licence will be granted to applicants who are currently registered medical practitioners .

A Specialist Paramedical licence will be granted to applicants who are registered nurses or paramedics.

Type of Specialist licence granted will be determined after assessment of credentials / AHPRA supplied to CAMS.

# Section 4 – Declaration

## Disclaimer Statement to be read and completed by applicant

### EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK

I agree to be bound by the rules and regulations of the event and the provisions of the National Competition Rules of the Confederation of Australian Motor Sport Limited (“CAMS”) and the International Sporting Code of the Federation Internationale de l’Automobile.

In exchange for being able to attend or participate in the event, I agree:

- to release CAMS and the Australian Motor Sports Commission Ltd, the promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the “**Associated Entities**”) from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) (“harm”) howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;
- that CAMS and the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and
- to attend or participate in the event at my own risk.

I acknowledge that:

- the risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
  - motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
  - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
  - the failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I agree to participate in and fully complete, to the satisfaction of CAMS, all training programs conducted by CAMS and associated with my involvement with the event. I am willing to submit myself to the controls and restrictions applied to all officials at the event. I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by CAMS and the Associated Entities.

I certify that any statements made to CAMS regarding my psychological and physical conditions and any previous illness are true and accurate. I acknowledge that I will not exercise the privileges of this licence if I am aware of any medical or other reason that renders me unfit to do so. I undertake not to use any drugs or medication that might be considered illegal, or within a period of 24 hours prior to using my officials licence, use any drugs or medication that might have any effect upon my performance, concentration or officiating ability. I agree to undertake any drug analysis tests, including any for alcohol that may be considered necessary by CAMS. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to CAMS’ medical assessor in order to determine fitness.

I understand that this disclaimer is not intended to exclude any valid claim by an official under the CAMS Personal Accident Insurance Scheme.

#### **For Female Applicants:**

I acknowledge that participating as an official in motor sport events or activities whilst pregnant may expose myself and my unborn child to risks of serious injury by virtue of the fact that motor sport is an inherently dangerous activity. If I am pregnant, I agree to obtain medical advice as to whether or not it is suitable for me to exercise the privileges of this licence whilst pregnant, and, if requested, to provide evidence that I have received such advice, prior to my acting as an official. I agree to indemnify CAMS and the Associated Entities and will at all times keep CAMS and the Associated Entities indemnified from and against any actions, suits, causes of action, proceedings, claims, and damages (whether in respect of damage to property, personal injury or otherwise, and including all legal costs and other expenses suffered or incurred by me or my unborn child) which may be taken or made against CAMS and the Associated Entities by any third party (including my unborn child) in connection with, or in any matter arising out of any loss, accident, damage and loss or injury to me or my unborn child as a result of my exercise of the privileges of this licence.

**Any applicant making a false declaration is liable to refusal and cancellation of licence and/or insurance cover**

Applicant’s  
signature:

***SIGN HERE***

Date:

/ /

## Section 5 – Motor Sport Officials Code of Ethics

I agree to be bound by the CAMS National Officiating Program Code of Ethics outlined below and more fully outlined at <http://www.cams.com.au/en/Common/About/Member%20Policy.aspx>

- Place safety and welfare above all else;
- Accept responsibility for all actions taken;
- Be impartial;
- Avoid any situation which may lead to a conflict of interest;
- Be courteous, respectful and open to interaction;
- Seek continual self-improvement through training, performance appraisal and regular updating of competencies;
- Be a positive role models in behaviour and personal appearance; and
- Maintain equal opportunity and harassment-free sport practices.

I agree to the following terms:

I agree to abide by the CAMS Code of Ethics.

I acknowledge that CAMS may take disciplinary action against me if I breach the Code of Ethics.

I understand that CAMS are required to implement a complaints handling procedure in accordance with the principles of natural justice, in the event of an allegation against me.

I acknowledge that disciplinary action against me may include suspension, demotion or cancellation of my CAMS Officiating / Specialist Licence

Applicant's  
signature:

*SIGN HERE*

Date:

/ /

## Section 6 – Privacy Statement

CAMS requires this information to assess your application and if accepted, to provide you with membership services. Your personal information will only be used in accordance with the objects of CAMS and CAMS general business. You will be able to access your personal information through CAMS upon reasonable notice. If the requested information is not provided you will not be able to receive membership services.

I consent to my personal information being used by CAMS' sponsors or other third parties for the purposes of providing me with promotional material from CAMS' sponsors or other third parties.

Please tick the following box if you **do not** wish to receive any promotional material from CAMS' sponsors or other third parties.

CIMS Record Created by:

Date:

New Trainee Letter posted by:

Date:

State office advised by:

Date: