To: CONVENER

c/o Ministry of Transport,

 P O Box 3175, Wellington, New Zealand

medicalconvener@transport.govt.nz

**IMPORTANT: An application to the Convener for review of a medical certification decision must be made within 20 working days of the decision being made**

1. Fill out personal details below.
2. Read the statements on this form carefully.
3. Sign and date the form at the bottom of page 2.
4. Check the box indicating the reason you are applying to the Convener for a review on page 2.
5. Go to page 3 and complete the details in Box 1 or Box 2 depending on which reason you are applying for a review.
6. Write a brief statement in Section A on page 4 detailing the reason you are applying for a review by the Convener.
7. List any supporting documentation such as medical reports, in Section B on page 4 and attach copies of the reports to this application.
8. Specify in Section C on page 4 any person to whom you wish to have copied any information obtained by the Convener about you – for example, your specialist, GP, lawyer or other.
9. Attach a copy of the medical certification decision you wish to have reviewed.
10. Email or post the application form and attachments to the Convener at the address above.

**APPLICATION FOR REVIEW OF A**

**MEDICAL CERTIFICATION DECISION**

Title (Mrs/Mr/ Capt./Dr. etc.):

Name:

Postal Address:

Email:

CAA Client Number:

Licence details:

Class of Medical Certificate:

Date last medical certificate issued:

Daytime Phone:

Date:

I request that the decision(s), marked below, made in respect of my medical certificate or application for a medical certificate, be reviewed by the Convenor.

**Reason for review (Please check the correct box** [x] **):**

Go to Box 1

My application for a new medical certificate

has been declined [ ]

I have been issued a new medical certificate and conditions,

Go to Box 1

restrictions or endorsements have been imposed [ ]

My existing medical certificate has been endorsed with conditions, restrictions or endorsements [ ]

Go to Box 2

My existing medical certificate has been revoked [ ]

Go to Box 2

I am aware that under clause 4(2)(b)(iii) and clause 21(3)(c) of Schedule 2 of the Civil Aviation Act 2023 I may be required, at my own expense, to “undertake any other tests, examinations, or re-examinations conducted by any suitably qualified and experienced person” or to provide “any medical information, as the Convener considers reasonably necessary” to carry out his or her review. I also understand that the review process involves the communication of medical information about me between CAA, the Convener and other health professionals at the Convener’s discretion and that if I wish the Convener to communicate with any other person in relation to the review, I must first provide my consent to the Convener in writing.

**Signature: Date:**

**Medical Certificate & Notice Details:**

**Please fill out the relevant box based on your answers on page 2**

Request for review of decision to decline application for a new certificate, or to issue a certificate with conditions, restrictions or endorsements

***Box 1***

***Answer***

***Q1 – Q5***

Q 1 Date of application for new medical certificate:

Q 2 Date of medical examination:

Q 3 Date of medical certification decision:

Q 4 Name of Medical Examiner

 who conducted the medical examination:

Q 5 Name of Medical Examiner(s)

 who assisted with the medical examination (if applicable):

Q 6 Name of Medical Examiner

(if different from Q4) who notified you of the

***Box 2***

***Answer***

***Q6 – Q7***

medical certification decision:

Request for review of decision to impose conditions, restrictions or endorsements on an existing medical certificate or to revoke an existing medical certificate

Q 6 Date of medical certification decision:

Q 7 Name of Medical Examiner who notified you of the

medical certification decision:

**Details of reasons for review & list of attachments**

**SECTION A** Please detail the reasons you are applying to the Convener for a review of a medical certification decision – attach more pages if required.

**SECTION B** Supporting documentation including medical reports should be listed below and attached to this application.

**SECTION C** The names of any person to whom you wish to have copied any information (including medical information) obtained by the Convener about you, for example your specialist, GP, lawyer, or other support person.