# **Section 5: Response form**

|  |  |
| --- | --- |
| What is your name?  |  |
| What is your email address? |  |
| What is your job title? |  |

|  |
| --- |
| **When responding please state whether you are responding as an individual or representing the views of an organisation:** |
|  |
| ☐ | I am responding as an individual |  |
| ☐ | I am responding on behalf of an organisation |  |
|  |  (name of organisation) |  |

**Please check the box that best describes you as a respondent and the size of your organisation:**

|  |  |
| --- | --- |
| Respondent Type | Size of Organisation |
| ☐ | Classification Society | ☐ | Large business (over 250 staff) |  |
| ☐ | Government Agency/Department | ☐ | Medium business (50 to 250 staff) |
| ☐ | Individual | ☐ | Small business (10 to 49 staff) |
| ☐ | Legal representative | ☐ | Micro business (up to 9 staff)  |
| ☐ | Protection & Indemnity  |  |  |
| ☐ | Fisher / Seafarer |  |  |
| ☐ | Ship Operator |  |  |
| ☐ | Ship Owner |  |  |
| ☐ | Trade Union  |  |  |
| ☐ | Other |  |  |
|  | (please describe) |  |

**If you are a Fisher what is the registered length of the vessel you work on:**

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1. Do you support an exemption for existing fishers working on vessels of 10 metres and under?

☐ Yes

☐ No

Please provide detail in the space below, continuing on a separate sheet if necessary, of the reason for your answer

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2. Do you believe the criteria for the exemption (contained in para 2.8 to 2.12 of this consultation) are fair and workable in practice?

☐ Yes

☐ No

Please provide detail in the space below, continuing on a separate sheet if necessary, of the reason for your answer

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3. Do you have any additional comments to add to the response?

Return a scanned copy of the completed version of this form to medical@mcga.gov.uk. or by post to:

The Maritime and Coastguard Agency (MCA), Bay 2/17, (Attention: Seafarer Safety and Health Team, Bay 2/17,) 105 Commercial Road, Southampton SO15 1EG.