



# Application for Certification

Please return this form to the AIOH Office, PO Box 1205, Tullamarine, Vic, 3043  
 Phone: (03) 9336 2290 Fax: (03) 9336 2242 Email: admin@aioh.org.au

Please complete in **BLOCK LETTERS**

**Current Grade of Membership:**

Application submitted	<input type="checkbox"/>	Or	Member of IOHA Certified Scheme.	<input type="checkbox"/>
Associate	<input type="checkbox"/>		*Details including name of scheme, date of membership and/or membership No.:	_____
Provisional	<input type="checkbox"/>			_____
Full	<input type="checkbox"/>	Or	Enrolled and/or accepted for enrollment in IOHA certified scheme	<input type="checkbox"/>
Fellow	<input type="checkbox"/>		Details of evidence.	_____
		Or	**Completed an AIOH accredited course of study	<input type="checkbox"/>
			Academic transcript and copy of qualification attached.	<input type="checkbox"/>

TITLE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_  
 GIVEN NAMES: \_\_\_\_\_

Please deliver correspondence to: Home  Work

HOME ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 POSTCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
 POSITION: \_\_\_\_\_  
 WORK ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

\*\*\*Associate and Provisional AIOH members to complete

**EXPERIENCE IN OCCUPATIONAL HYGIENE**

PRESENT POSITION/TITLE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

YEARS IN POSITION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PERCENTAGE OF TIME SPENT ON OCCUPATIONAL HYGIENE WORK: \_\_\_\_\_

PREVIOUS POSITION/TITLE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
YEARS IN POSITION: \_\_\_\_\_ FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERCENTAGE OF TIME SPENT ON OCCUPATIONAL HYGIENE WORK: \_\_\_\_\_

NEXT PREVIOUS POSITION/TITLE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
YEARS IN POSITION: \_\_\_\_\_ FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERCENTAGE OF TIME SPENT ON OCCUPATIONAL HYGIENE WORK: \_\_\_\_\_

**REFEREES**

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

I hereby apply for certification of the Australian Institute of Occupational Hygienists and I certify that the information I have provided is accurate.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## **NOTES FOR APPLICANTS**

Please complete all sections of the Application Form, in block letters, ensuring the following documents are enclosed with your application. Incomplete applications will not be processed.

### ***Current members of IOHA Certified Schemes***

\* Include copies of certificates granting certification to IOHA Schemes or evidence you have been accepted for a scheme

\*\*Current AIOH accredited courses are The Graduate Diploma of Occupational Hygiene offered by Deakin University (1993 and later graduates) and The University of Wollongong Master of Science (Occupational Hygiene Practice) course (2009 and later graduates)

\*\*\* Associate and Provisional members ensure you fill out the Experience in Occupational Hygiene section