



AUSTRALIAN INSTITUTE OF OCCUPATIONAL HYGIENISTS Inc.

Application for Certification

Please return this form to the AIOH Office, PO Box 1205, Tullamarine, Vic, 3043

Phone: (03) 9335 2577 Fax (03) 9335 3454

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.	_____

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: _____

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

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