

APPLICATION OF APPROVAL TO SERVE AS SAFETY AND HEALTH ADVISER

1. Name in full.....ID No.....
(BLOCK LETTERS)

2. Date of birth.....Occupation.....

3. Address to which mail can be sent: P.O. Box
E-mail..... Telephone No..... Cell phone No.....

4. Name and Address of present employer.....

5. Outline of Education

From	To	School / College etc	Examinations Passed	Year passed
.....
.....
.....
.....
.....

6. Relevant Professional Qualifications and dates obtained (attach copies)

Qualification	Awarding Authority	Year of award
.....
.....
.....
.....
.....
.....

7. Membership of professional bodies/associations and dates obtained (*attach copies*)

Membership	Awarding Authority	Year of award
.....
.....
.....
.....

8. Employment (Present & Previous)

From	To	Company / Organisation	Capacity in which employed
.....
.....
.....

.....
.....
.....
.....

9. Have you read and understood the requirements of the Act and the relevant subsidiary legislation?

10. Have you ever worked with or under the direction of a Safety & Health Advisor, Yes / No?

If yes, state name, address and dates?.....
.....

11. State your experience in relation to Safety & Health Auditing under the Act.

.....
.....
.....

12. Counties in which you are prepared to work. Whole country/state Counties
.....

13. Name and address of TWO personal referees:

1)
.....
2)
.....

14. Signature of Applicant Date

Note: This form should be sent to the: -

- a) Directorate of Occupational Safety and Health Services, Safety House, Commercial Street; P.O. Box 34120-00100; Nairobi, KENYA. Tel. 0202667722, Email: doshdept@yahoo.com; doshdept@labour.go.ke;
- b) Applicants will be required to appear before an Interviewing Board to answer questions designed to test their technical knowledge and their knowledge of the Act and relevant subsidiary legislation.

PART 2 FOR OFFICIAL USE ONLY

Date and number of Committee's meeting.....

Committee's Decision: Recommended () Not recommended () Deferred()

Reasons:.....
.....
.....

Signature.....
Chairman Secretary

Director's comment

Signature..... Date.....