

THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007

APPLICATION FOR RENEWAL OF APPROVAL AS A DOSHS APPROVED TRAINER

1. Name of institution..... Certificate No.

Physical address: County: District and Town:

Road / Street..... Building & Floor:

2. Postal Address. P. O. Box Code Town

3. Telephone. Mobile No..... E-mail

4. Proprietor(s): (Names and Nationality)

5. Name of Chief Trainer ID No

Qualifications

Experience as a trainer (if there has been a change of chief trainer in the last one year)

From	To	Organisation
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6. Full-time Resource Persons (*Please attach the list of names & qualifications. For those employed in the last one year, include certified copies of certificates*)

7. Part-time Resource Persons (*Please attach the list of names & qualifications. For those engaged in the last one year, include certified copies of certificates and valid engagement contracts*)

8. (a) Course approved: *Choose one (Occupational Safety and Health/Fire Safety/First Aid)

(b) Other courses offered by institution (*Please attach new training programmes or brochures*).....

(c) Target Groups

I declare that I have regularly submitted copies of individual training reports and the monthly summary reports to the Director and the relevant County OSH Office.

Name Designation.....

Signature Date

Note: This form should be sent to the: -

Directorate of Occupational Safety and Health Services, Safety House, Commercial Street; P.O. Box 34120-00100; Nairobi, KENYA. Tel. 0202667722, Fax: 559663 Email: doshdept@yahoo.com; doshdept@labour.go.ke;

PART 2 FOR OFFICIAL USE ONLY

1. Comments by Head of Division:

Date Signed

2. Director's Decision:

Date Signed