

THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007

APPLICATION FOR APPROVAL OF DESIGNATED HEALTH PRACTITIONER

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

2. Date of birth.....Sex.....Marital Status.....

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 (*attach copies*)

From	To	School / College etc	Examinations Passed	Year Passed
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6. Relevant Professional Qualifications and dates obtained (*attach copies*)

Qualification	Awarding Authority	Year of award
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7. Membership of professional bodies/associations and dates obtained (*attach copies*)

Membership	Awarding Authority	Year of award
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8. Employment (*Present & Previous*)

From	To	Company / Organisation	Capacity in which employed
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9. Kenya Medical Practitioner & Dentist Board Registration Number.....

10. Have you ever been suspended from medical practice by the Medical Practitioner & Dentist Board or any other relevant board e.g. Medical board?

11. Have you ever been convicted in a court of law in any country that you have served /resided in

12. Do you have any experience on Occupational Health and Safety? Yes No

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.
 - c) Any person who is not in possession of 5 (five) years post internship experience and registered by the Kenya medical Practitioners and dentist board need not apply.

PART 2 FOR OFFICIAL USE ONLY

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

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

Reasons:.....
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Signature.....
Chairman Secretary

Director’s comment

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