

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

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12. Counties in which you are prepared to work. Whole country/state Counties
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13. Name and address of TWO personal referees:

1)
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2)
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14. Signature of Applicant Date

Note: This form should be submitted 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:.....
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Signature.....
Chairman Secretary

Director's comment

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