



**OSH PRACTITIONER/
 CONSULTANT
 APPLICATION FORM
 (Renewal)**

**DOLE-BWC
 AF-PCR-A2**
 Revision Code: 0703-0
 Page 1 of 2

**Please attach your
 1" x 1" picture**
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2 COPIES
Signed at the back

Document No: FM 5.2.6-03	Revision No: 0	Effectivity Date: July 29, 2013
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Instructions:

Fill in all the data needed. Use block/printed letters or use a typewriter. Write N.A. if the blanks are not Applicable. Please sign in all pages of the form. Application may be submitted directly to BWC or to concerned R.O. Documents submitted must be signed in all pages.

I would like to apply for Accreditation as:

OSH Consultant **OSH Practitioner**

Accreditation No: _____
Date accredited: _____
Date of last renewal: _____
Validity: _____

1. PROFILE

Last Name	First Name	Middle Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widower/Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated
City Address (Number & Street, Town/City, Province, Zip Code)				
Home/Provincial Address			Home No.:	Cellular Phone No (if any):
Business Address			Co. Tel No.:	Fax No:
			E-mail:	
Nature of Business / Specific Product/ Service :			PSIC Code:	
Type of Workplace: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous			Employment Size: MALE: ____ FEMALE: ____ TOTAL: ____	
Region:			GEO Code:	

2. WORK EXPERIENCE *Since last issuance of accreditation.*

YEARS OF OSH EXPERIENCE

Position (From recent to present)	Inclusive Dates		Length of service	Status of Appointment	Company
	From	To			

3. SUMMARY OF ACCOMPLISHMENTS ON OSH (Please attach original summary of accomplishments duly certified by your immediate supervisor and employer using company letterhead. Photocopy of supporting documents should be attached (i.e. report on inspection, accident investigation, OSH programs/activities)

4. OSH RELATED TRAININGS / SEMINARS ATTENDED (As Participant) - *(Use additional sheet if necessary)*
Please attach photocopy of certificate. Original copies of certificates to be presented to authorized DOLE staff for certification.

Title (Start from recent to previous)	Inclusive Dates		No. of Hours	Conducted by	Venue
	From	To			

Total: _____



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5. OSH RELATED LECTURES / SEMINARS / TRAININGS CONDUCTED (As Resource Speaker) Since last issuance of accreditation. Please attach photocopy of certificate/recognition received.

Title/Topic (Start from recent to previous)	Inclusive Dates		No. of Hours	Conducted by	Venue
	From	To			

Total: _____

6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED (Use additional sheet if necessary)

Trade / Occupation	Field of Expertise	Brief Description	Years of Experience

7. OSH AWARDS / ACHIEVEMENTS / RECOGNITION RECEIVED (Use additional sheet if necessary). Attach photocopy of certificate of award/recognition

Title	Brief Description	Issued by	Date Issued

I certify that the information stated above are true and correct.

SIGNATURE

Date: _____

RIGTH THUMB MARK
