

**The British Occupational Hygiene Society**  
**Faculty of Occupational Hygiene**

**APPLICATION FORM: CERTIFICATE CORE AND ORAL EXAMINATIONS**

**Personal Details: (address for correspondence)**

Surname:	(Mr/Mrs/Dr/Miss/Ms)
Forenames:	
Address:	
	Postcode:
Daytime Telephone:	
Date of Birth:	.... / .... / .... (dd/mm/yy)
Email:	

**Examination Applied for:**                      **Certificate:**

Core                         Oral  

<b>BOHS(BIOH) Modules</b>			
	Title	Pass or Credit	Month/Year
1			/
2			/
3			/
4			/
5			/
6			/

<b>Other BOHS(BIOH) Qualifications Held:</b>			<b>Other non-BOHS(BIOH) Qualifications Held:</b>
Certificate Core	Yes/No/Exempt	Date:	
Certificate Oral	Yes/No	Date:	
Diploma Core	Yes/No/Exempt	Date:	

**Employment record.** Starting with your present post, list every employment you have had. Please give complete information in order to permit a comparison between your experience and the requirements of the awards.

Present or most recent employment:	From.....	To .....
Name of company:	.....	
Exact title of your post:	.....	
Description of your duties:	.....	
	.....	
	.....	
	.....	

Previous employment:	From.....	To .....
Name of company:	.....	
Exact title of your post:	.....	
Description of your duties:	.....	
	.....	
	.....	
	.....	

Previous employment:	From.....	To .....
Name of company:	.....	
Exact title of your post:	.....	
Description of your duties:	.....	
	.....	
	.....	
	.....	

Other relevant information:
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.....
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Please send completed application form (plus any supporting documentation), together with a cheque (payable to "BOHS") for the examination fee to the address below.

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5/6 Melbourne Business Court, Millennium Way, Pride Park, Derby DE24 8LZ  
Tel: 01332 298101 Fax: 01332 298099 E.mail: Exams@bohs.org