

# The British Occupational Hygiene Society

## Faculty of Occupational Hygiene

### APPLICATION FORM: DIPLOMA 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:	

<b>Examination Applied for:</b>	<b>Diploma:</b>	Core <input type="checkbox"/>	Oral <input type="checkbox"/>
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#### BOHS(BIOH) Modules

	Title	Pass or Credit	Month/Year
1			/
2			/
3			/
4			/
5			/
6			/

#### Other BOHS(BIOH) Qualifications Held:

#### Other non-BOHS(BIOH) Qualifications Held:

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  
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