

The British Occupational Hygiene Society
Faculty of Occupational Hygiene

Application Form
Certificate of Competence
Oral Examination in an Individual Subject

Personal Details: (address for correspondence)

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

Relevant BOHS (BIOH) Qualifications held:

Subject:		Date:	
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BOHS Subject for Oral Examination:

Subject:	
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Details of how you have gained the required six months practical experience in this subject:

Employment with:	
From:	To:
Description of duties:	

Other information:

Is this a re-sit examination? Yes/No If yes please give previous exam date:/...../.....
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Applications will not be processed unless accompanied by £75 payment, copy of a report and Certificate of Authorship as stated in the Guidance for candidates.

Please send completed application form, report and Certificate of Authorship, together with a cheque for £75 (payable to "BOHS") to cover the cost of processing the report, to the address below.

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

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