



*Società Italiana di Ergonomia*

*e Fattori Umani*

**APPLICATION FOR**

**EUROPEAN ERGONOMIST**

**Renewal**

***Eur-Erg* Renewal**

**Prolongation Form**

**Version June 2023**

***N.B in grigio le cose da non cambiare, in bianco quelle da compilare***

1. **Personal details**

|  |  |
| --- | --- |
| **Surname and Name** |  |
| **Date and place of birth** |  |
| **Personal address** |  |
| **Personal phone** |  |
| **Professional address** |  |
| **Professional phone** |  |
| **Mobile phone** |  |
| **E-mail** |  |
| ***Year of first registration as Eur-Erg*** |  |

**2. Present occupation(s) in Ergonomics**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Present occupation 1*** | | | | | | | | | | | | | |
| ***From***  (day/month/year) | | |  |  | |  | ***To***  (day/month/year) | |  | |  | |  |
| ***Position*** | |  | | | | | | | | | | | |
| ***Firm’s name and Location*** | |  | | | | | | | | | | | |
| ***Present occupation 2*** | | | | | | | | | | | | | |
| ***From***  (day/month/year) | | |  |  | |  | ***To***  (day/month/year) | |  | |  | |  |
| ***Position*** | |  | | | | | | | | | | | |
| ***Firm’s name and Location*** | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ***Area of work*** *(Please tick which one are you are working)* | | | | | | | | | | | | | |
| ❒ Own Ergonomics consultancy | | ❒ Ergonomics / H&S consultancy company | | | | | | ❒ Other private company | | | | | |
| ❒ Government organization / labour inspection | | ❒ Education/research institution | | | | | | ❒ Other public organisation | | | | | |
| ***Classification of branch of employement:*** *(Please select)* | | | | | | | | | | | | | |
| ❒ Areonautics industry | | | | | ❒ Automobile industry | | | ❒ Raylways/transports | | | | | |
| ❒ Nuclear industry/energy | | | | | ❒ Other industrial area | | | ❒ Military | | | | | |
| ❒ Communication/multimedia | | | | | ❒ Hospital/care services | | | ❒ Government services | | | | | |
| ❒ Service industry/offices | | | | | ❒ Diverse brances | | | ❒ Others | | | | | |
|  | | | | | | | | | | | | | |
| **For each activity specify the % of time**  Please note that for each activity the percentage of time spent on individual experiences must be calculated on the total working time of the last five years taken into consideration | | **Type of activity in Ergonomics** | | | | | | | | **N.**  *(attachment Number)*  Please add only the reference to the attachments  Included in your application.  You can also add a link | | **P.E.**  *(Professional Experience number, as in session 3 below)* | |
| **1**  **Main occupation** | **2 Secondary**  **occupation** |
|  |  | Consultancy | | | | | | | |  | |  | |
|  |  | Design | | | | | | | |  | |  | |
|  |  | Research | | | | | | | |  | |  | |
|  |  | Teaching | | | | | | | |  | |  | |
|  |  | Management | | | | | | | |  | |  | |
|  |  | Other | | | | | | | |  | |  | |
|  | | Total of both occupations (the sum of the percentages of all the different activities in the Ergonomics sector must be greater than 55% of the total full working hours in the period considered) | | | | | | | |  | |  | |
| *Briefly describe here your activity in the last 5 years (since first registration or last prolongation): the themes, areas of interest and the typology of clients of your ergonomics interventions (like a short CV)* | |  | | | | | | | | | | | |

**3. Past professional position**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | | | | | | |
| ***Start*** | day | month | year | ***End*** | day | month | year |
| ***Role/Position*** add all your Role/Positions since last application | | | |  | | | |
| ***Location*** | | | |  | | | |
|  | | | | | | | |
| **2.** | | | | | | | |
| ***Start*** | day | month | Year | ***End*** | day | month | year |
| ***Role/Position*** add all your Role/Positions since last application | | | |  | | | |
| ***Firm’s name and Location*** | | | |  | | | |
|  | | | | | | | |

**4. Professional experience**

Present a selection of at least four of your most significant interventions, i.e. those that show your ability to analyze the problem from an ergonomic point of view and to intervene in a targeted manner. All relevant information must be included here below. Attachments are used for a deeper knowledge of the word done.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Project title** | **Start date** | | | **End date** | | | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |  |  |  |  |
| **Client** |  | | | | | | | | |
| **Level of responsibility**  (Project leader, ergonomist in multidisciplinary team, …please describe) |  | | | | | | | | |
| **Applied Methodologies** | Aims | | | | | | | | |
| Methods | | | | | | | | |
| Tools | | | | | | | | |
| **Significant impacts/ Achievements** | Results | | | | | | | | |
| **2** | **Project title** | **Start date** | | | **End date** | | | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |  |  |  |  |
| **Client** |  | | | | | | | | |
| **Level of responsibility** |  | | | | | | | | |
| **Applied Methodologies** | Aims | | | | | | | | |
| Methods | | | | | | | | |
| Tools | | | | | | | | |
| **Significant impacts/ Achievements** | Results | | | | | | | | |
| **3** | **Project title** | **Start date** | | | **End date** | | | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |  |  |  |  |
| **Client** |  | | | | | | | | |
| **Level of responsibility** |  | | | | | | | | |
| **Applied Methodologies** | Aims | | | | | | | | |
| Methods | | | | | | | | |
| Tools | | | | | | | | |
| **Significant impacts/ Achievements** | Results | | | | | | | | |
| **4** | **Project title** | **Start date** | | | **End date** | | | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |  |  |  |  |
| **Client** |  | | | | | | | | |
| **Level of responsibility** |  | | | | | | | | |
| **Applied Methodologies** | Aims | | | | | | | | |
| Methods | | | | | | | | |
| Tools | | | | | | | | |
|  | | | | | | | | |
| **Significant impacts/ Achievements** | Results | | | | | | | | |

**5.**  **Publications in Ergonomics** (APA format)

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**6. Continuous Professional Development (CPD)**

**6.1 Participation in ergonomics activities and events**

(detailed list and description in the last five years)

|  |  |
| --- | --- |
| **Type of activity, initiative, event** | **Title and date** |
| **International Congresses** |  |
|  |  |
|  |  |
|  |  |
| **National Congresses** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Other** |  |
|  |  |
|  |  |
|  |  |
| **Description of learning outcomes and impact in terms of professional development** |  |
| **Description of personal CPD goals and plans for future professional developments** |  |

**6.2 Courses, training on job, self-study**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of course** | **Course title** | **Organisation** | **Hours** | **Year** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Description of learning outcomes and impact in terms of professional development** |  | | | |
| **Description of personal CPD goals and plans for future professional developments** |  | | | |

**7. Statement**

With this document I am applying for the title of Eur.Erg. - European ergonomist and towards the sum required for the examination of the dossier.

I am aware that if my application is accepted:

1) The qualification will be issued for a period of 5 years, at the end of which a further examination to verify professional experience will be required.

2) The issue of the qualification and registration in the register are subject to the payment of the annual fee.

In the event that the title is granted to me, I declare that I have read and accept the CREE Code of Conduct and I undertake to practice ergonomics according to its principles.

"Read and approved"

|  |  |
| --- | --- |
| **I hereby declare to have read and accepted the CREE and SIE Code of Conduct** | |
| **Signature** | **Place, Date** |

N.B. The signature of this application form is equivalent to a self-certification of the achievement of the aforementioned qualifications and allows the processing of data.