Candidate Eligibility Questionnaire

Level 6 Diploma in Occupational Health & Safety Practice

Please complete all sections of the below questionnaire before signing the declaration and returning this document to your course advisor.

I declare that the information provided in this document is, to the best of my knowledge true, I that I have read and understand SHEilds "terms and conditions" and agree to abide by them:

Signed:	
Date:	
Candidate Details	Please provide as much information about yourself as possible.
Title: (Mr / Mrs / Dr. / Etc.)	
First / Given Name:	
Surname / Family Name:	
Residential Address:	
Contact Telephone:	
Cell Telephone	
Email:	
Date of Birth:	
Professional Qualifications:	
Professional Memberships:	
Employment Details	Information you provide during the completion of this qualification will be kept in the strictest confidence, in line with current data protection laws.
Company Name:	
Address:	
Country:	
Specific site location:	
Site access restrictions*:	
Current Job Title:	
Time in this position:	
Previous HSE experience:	



^{*}Please list any site information which may make it difficult or impossible for our assessors to visit your workplace, such as an unhospitable environment (off shore/desert), or restricted access permission.

Eligibility Assessment		Please expand on how you will be able to show your personal competence.	
	Y/N	We will use this information to assess weather your current position will provide a suitable environment for you to complete this qualification.	
Which Country will you be working in whilst completing this qualification			
Are you involved in policy writing?			
Do you investigate accidents?			
Do you undertake risk assessments?			
Do you evaluate Safety systems?			
Do you evaluate emergency response procedures?			
Do you audit health & safety management systems?			
Do you design HSE training?			
Do you deliver HSE training			
Are you able to obtain "Expert Witness" statements from a competent person?			
Expert Witness Details	Cha you pro	An "Expert Witness" is a person who is ideally a member of IOSH as a Graduate or Chartered member, and who holds an equivalent or higher qualification to the one you are undertaking or this could be your line manager. The "Expert Witness" can provide witness evidence of tasks you have undertaken and professional discussions.	
Title: (Mr / Mrs / Dr. / Etc.)			
First / Given Name:			
Surname / Family Name:			
Contact Telephone:			
Cell Telephone			
Email:			
Professional Qualifications:			

You will be required to undertake a number of video conferences with your assessor using one of the following channels Skype, Skype for business or Zoom.

(Speak with your course adviser if the listed software is not available in your area)

This diploma level qualification is delivered and assessed in English only

There are no language prerequisite set by the awarding body for this qualification, however SHEilds recommend for candidates for whom English is not their first language that the candidates have a suitable understanding of English, preferably IELTs level 4 or above.



Professional Memberships: