Candidate Eligibility Questionnaire-skill scan

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](http://www.sheilds.org/legals/terms-conditions)” and agree to abide by them:

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| --- | --- |
| **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: |  |

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| --- | --- |
| **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 (offshore/desert), or restricted access permission.

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| **Eligibility Assessment** | **Y/N** | **This is a Mandatory requirement.** As part of the skill scan **p**lease expand on how you will be able to demonstrate your personal competence  We will use this information to assess whether 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 and do you have a suitable level of understanding of the English language to complete this course (see foot notes \*\*) |  |  |
| 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? |  |  |

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| **Expert Witness Details** | An “Expert Witness” is a person who is ideally a member of IOSH as a Graduate or Chartered member, or who holds an equivalent professional qualification, 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: |  |
| Professional Memberships: |  |

You will be required to undertake several 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

\*\* The awarding body for this qualification now requires students to have a suitable level of understanding of the English Language, SHEilds recommend for candidates for whom English is not their first language that they have, preferably IELTs level 4 or above. Or should a student request access to the SHEilds (English Language Test) , Which we offer free, details available from your course advisor.