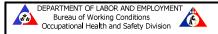
	DEPARTMENT OF LABOR AND EMPLOY	MENT
<u>*</u>	Bureau of Working Conditions Occupational Health and Safety Division	A

## OSH PRACTITIONER/ **CONSULTANT**

#### **DOLE-BWC** AF-PCN-A1

Please attach your 1" x 1" picture SC: blue background

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Instructions: Fill in all the data needed. Use Applicable. Please sign in all pa			ypewriter. Write	N.A. if the bl	anks are not	
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				OSH Pra	actitioner	
1. PROFILE						
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			Height:		Religion:	
Home/Provincial Address			Weight:		TIN No. :	PRC No.(if any)
			Blood Type:			
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## OSH PRACTITIONER/CONSULTANT APPLICATION FORM (New Applicant)

#### DOLE-BWC AF-PCN-A1

Revision Code: 0803-0 Page 2 of 3

**4.** OSH RELATED TRAININGS / SEMINARS ATTENDED ( As Participant ) -. ( Use additional sheet if necessary) Please attach photocopy of certificate. Original copies of certificates to be presented to authorized DOLE staff for certification.

Title (Start from recent to previous)	Time / [ From	Ouration To	No. of Hours	Conducted by	Venue

5.	OSH RELATED LECTURES / SEMINARS /TRAININGS CONDUCTED ( As Resource Speaker )	(U	lse
	additional sheet if necessary ) Please attach photocopy of certificate/recognition received		

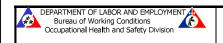
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Title/Topic	Time / L	Duration	Hours		
(Start from recent to previous)	From	То			
, , , , , , , , , , , , , , , , , , , ,					

#### 6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED (Use additional sheet if necessary)

Trade / Occupation	Field of Expertise	Brief Description	Years of Experience

### 7. OSH AWARDS / ACHIEVEMENTS / RECOGNITION RECEIVED (Use additional sheet if necessary). Attach photocopy of certificate of award/recognition

Title	Issued by	Date Issued



# OSH PRACTITIONER/CONSULTANT APPLICATION FORM (New Applicant)

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**DOLE-BWC** 

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0. CHARACTER REFE	RENCES ( give a	t least 3)			
Name	Position / Occ		Company	y / Address	Contact Number/s
		•		•	
Do you have any pending	a) administrative	case $\Box$	Yes □ No b	o) criminal case?	☐ Yes ☐ No
		_	<u> </u>	o) criminal case?	☐ Yes ☐ No
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