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| **Prolongation Application** | LOGO-CREE | **Information for certificate and website**Agreement to publish name and address on the CREE website: [ ]  Yes [ ]  NoAvailable as consultant [ ]  Yes [ ]  No**Name for printing on certificate:**[ ]  As below**or:** |
| **National Assessment Board:**(abbreviation)Last month of current registration:Date National Decision: National Appl. No: Application for: [ ]  Eur.Erg. [ ]  National Assessor  |
| **Personal Details (items marked \* will not be presented in the Register)** |
| **Family Name** |  | **First Names** |  | **Sex\*** |  |
| **Address** |  | **Date of Birth\* (not compulsory)** |  |
| **Postal Code** |  | **Town** |  | **Country** |  |
| **Telephone** |  | **Fax** |  | **E-mail** |  |
| **Present Occupation and Past Professional Positions (since last registration)** | **Time Devoted to Ergonomics Practice**  |
| (Years) | (List % of time on design, research, consultancy, training, etc.) | % of full-time position |  |
| Ergonomics is main occupation | [ ]  Yes[ ]  No |
| **Professional Activity – Examples of Professional Work** *(Describe several projects & publications including the level of responsibility for the project.)* |
|  |
| **Continuous Professional Development (CPD)** |
| **Participation in Ergonomics Activities & Events** | **Learning outcomes and personal CPD goals** |
|  |  |
| **Courses, Self-Study, etc.** |
|  |
| **CPD Plan for future** [ ]  Yes [ ]  No [ ]  Not assessed |
| **Remarks by the National Assessment Board** |
|  |
| ***Only for applications for members of the National Assessment Board:*** | **Signed on behalf of the National Assessment Board** |
| *More than five years of independent work experience*  | [ ]  *Yes*[ ]  *No* |  **(Date) (Assessor´s name)** |
| *Second signature:* |  |