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| **New Application** | Description: 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)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** |  |
| **Minimum Requirements Section 2.2.1 - Education** (Courses/Degrees) |
| Nr. | Course Title ( in English) | Month/Year started | Month/Year finished | By Institution |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **General Educational Requirements** | Years assessed | Comments (especially if not continuous) |
| Academic Education (Min. 3 Years Required)(i.e. Bachelor Degree, Master Degree) |  |  |
| Education in Ergonomics (Min. 1 Year or equivalent)(i.e. specialist studies in ergonomics)Equiv. |  |  |
| **Month and year of completion of minimal educational requirements:** | *mm/yyyy* | *Comment:* |
| **Minimum Requirements Section 2.2.1.1 – Areas of Knowledge** | [ ]  ECTS or[ ]  contact  hours\*\* | Course number (see above) or alternative source (state what source) |
| A | Principles of ergonomics |  |  |
| B | Populations and general human characteristics |  |  |
| C | Design of technical systems  |  |  |
| D | Research, evaluation and investigative techniques |  |  |
|  E | Professional issues |  |  |
| F\* | Ergonomics: Activity and/ or work analysis |  |  |
| G\* | Ergonomic interventions |  |  |
| H\* | Ergonomics: physiological and physical aspects |  |  |
| I\* | Ergonomics: psychological and cognitive aspects |  |  |
| J\* | Ergonomics: social and organisational aspects |  |  |
| K | Optional courses (max. 2 ECTS or 20 contact hours) |  |  |
| L\* | Supervised project work (max 20 ECTS or 200 hours) |  |  |
| **TOTAL including project work (min. 60 ECTS or 600 hours)** |  |  |
| Laboratory exercises included in the Topics F, G and H? | [ ]  Yes | [ ]  No |  |
| *\* At least 48 ECTS (or 480 contact hours) must be in F, G, H, I, J or L\*\* 1 ECTS is considered equivalent to 10 contact hours* |
| **Comments by NAB if not in conformity with general requirements for education (Why recommended for certification?)** |
|  |
| **Minimum Requirements Section 2.2.2. - Supervised Training** (required minimum 1 year) | Years assessed: | Supervisor: | Comments: |
| **Continuous Professional Development (Courses, etc.)** | Year/Month | **Learning outcomes and personal CPD goals** |
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| **CPD Plan for future:** | [ ]  Yes [ ]  No [ ]  Not assessed |

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| **Minimum Requirements section 2.2.3 – Professional Experience Requirements** |
| **Present Occupation(s)***(List % of time on design, research, consultancy, training, etc.)* | **Time Devoted to Ergonomics Practice**  |
| Since: (year) | % of full time position |  |
| Ergonomics is main occupation? | [ ]  Yes[ ]  No  |
| **Past Professional Positions**  |
| (years) |  | **Experience** (required minimum 2 years of independent work) |
| Years? |  |
| **Examples of Professional Work** *(Describe several projects & publications including the level of responsibility and period of time spent on the project.)* |
|  |
| **Project work demonstrates (according to project descriptions, referee reports, etc):** | Further comments on professional work |
| 1 | Investigates and analyses the demands for ergonomics design to ensure appropriate interaction between work, product and environment, and human needs, capabilities and limitations. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 2 | Analyses and interprets findings of ergonomics investigations. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 3 | Documents ergonomics findings appropriately / professional communication. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 4 | Determines the compatibility of human capabilities with planned or existing demands. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 5 | Develops a plan for ergonomics design or intervention. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 6 | Makes appropriate recommendations for ergonomics changes. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 7 | Implements recommendations to improve human performance, health and well-being. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 8 | Evaluates outcomes of implementing ergonomics recommendations. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| 9 | Demonstrates professional behaviour and does not work outside his/her area of competence / professional role in society. | [ ]  Yes [ ]  No [ ]  Not ass. |  |
| **Ability and experience to work in design processes** | [ ]  Yes [ ]  No |
| **Broad experience in ergonomics projects and occupations related to physiology, psychology, organizational design.** | [ ]  Yes [ ]  No |
| **Further 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:* |  |