|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New Application** | | | | | | | | Description: LOGO-CREE | | | | | | | | **Information for certificate and website** Agreement to publish name and address on the  CREE website:  Yes  No  Available 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** | | | | | | | |
|  | | | | | | | | | |  | | | |  | | | | | | | |
|  | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
| **CPD Plan for future:** | | | Yes  No  Not assessed | | | | | | | | | | |

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