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| **Prolongation Application** | | | | | | 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)  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** | | | | | | | | | | | | | | | | | |
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| ***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:* | | |  | | | | | | | | |