**Log Book Summary**

*The projects in your log book must be of sufficient significance to demonstrate your ergonomics input to the project and your development as an ergonomist over the qualifying period. The following criteria must apply:*

* *Period covered by log book: equivalent of at least 2 years*
* *Number of projects: minimum of 6 and a maximum of 12*
* *Total time spent on projects: minimum of 200 days over 2 years*
* *Number of supporting documents: minimum 5*

*Please cross reference any supporting evidence provided with your logbook entries. Documentation may be relevant to more than one entry. Ensure that the evidence is named in a consistent way, and the filename is referenced in the logbook entry. If you have any problems providing supporting evidence/reports (e.g. due to client confidentiality or security), contact us to discuss alternatives.*

**Log book details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your name |  | | | |
| Have you graduated from CIEHF Qualifying (MSc) Course? ([See current list](https://ergonomics.org.uk/learn/postgrad-study.html)) |  | | | |
| Total no. of years' ergonomics/HF experience | Full time |  | Part time |  |
| No. of projects in log book |  | | | |
| Total no. of days' work in log book |  | | | |

**Log book activity records**

*Please copy and paste the table below, one under the other, so that you can fill in one for each activity that you want to record. Then you will just have one log book document to email with your application.*

*\* Please number your activity records consecutively from 1.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity Record No.\* | | Activity name | | | | |
| Dates from |  | | To |  | Number of days of working time |  |
| Area(s) of Professional Competence covered (reference numbers in the checklist e.g. 3.1) | | | | | | |
| Summary of activity | | | | | | |
| Details of personal involvement | | | | | | |
| Details of ergonomics/HF involvement | | | | | | |
| Details of professional skills employed | | | | | | |
| Outputs of the activity | | | | | | |
| Comments on how this activity has benefitted your professional development | | | | | | |
| Supporting evidence (include filename) | | | | | | |