



اوتوريٽي كيشان سلامت
كصيتن دان عالم سكيتر
Safety, Health and Environment
National Authority

APPLICATION TO REGISTER AS WORKPLACE SAFETY AND HEALTH CO-ORDINATOR (S 44/2009)

		NEW	RENEWAL
I. SUPPORTING DOCUMENTS		CHECKLIST (✓)	
1	Copies of IOSH Managing Safely or NEBOSH Award certificates or Equivalent		
2	Copies of Academic Qualifications, Work Experiences and any other relevant Professional Certificates		
3	Copy of NRIC (both side) or Passport		
4	Curriculum Vitae		

II. OTHERS		CHECKLIST (✓)	
1	Passport-sized photograph with white background (in JPEG format)		

REMINDER

1. All of the mentioned documents must be completely submitted to the Authority, by the individual or company focal point (HR) and to ensure the accuracy of the submitted documents.
2. If an application remains incomplete or otherwise deficient, the application will be rejected.

For further information, please refer to SHENA Website at www.shena.gov.bn

NOTE:

In order to expedite your application, please ensure that all supporting documents in the list above are attached along with the completed form.



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Only one copy of this form is to be submitted. Please complete all items in this form. Use a separate sheet to provide the information if the space provided is not sufficient. All information obtained for this application will be held with strict confidence.

APPLICANT'S DETAILS

TYPE OF APPLICATION	<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm
APPLICANT'S NAME (AS PER NRIC/PASSPORT)	<input type="text"/>		
NRIC NUMBER	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NRIC COLOUR	<input type="text"/>
PASSPORT NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF EXPIRY	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
DATE OF BIRTH	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	NATIONALITY	<input type="text"/>
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
RESIDENTIAL ADDRESS	<input type="text"/>		
MAILING ADDRESS	<input type="text"/>		
CONTACT NUMBER	MOBILE <input type="text"/>	OFFICE <input type="text"/>	
E-MAIL ADDRESS	<input type="text"/>		

WORKPLACE DETAILS

CURRENT DESIGNATION	<input type="text"/>	NO. OF YEARS IN CURRENT DESIGNATION	<input type="text"/>
TASK AND RESPONSIBILITIES	<input type="text"/>		
NAME OF COMPANY	<input type="text"/>	WORK ACTIVITY	<input type="text"/>
COMPANY'S ADDRESS	<input type="text"/>		



اوتوريٽي ڪي بيغسان ڪسلامتن
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LIST OF WSH QUALIFICATION ACQUIRED

WSH QUALIFICATIONS	AWARDING INSTITUTION	ISSUE DATE

LIST OF PREVIOUS TITLE / POSITION

COMPANY	DESIGNATION	DURATION (START - END DATE)

DECLARATION

I, declare that all particulars and information provided in this application and the documents attached hereto are true to the best of my knowledge and belief, and I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if, at any stage, the information provided is false and incorrect. Should verification is required on any information provided in this application, I hereby authorise SHENA to carry out the necessary investigations.

DATE - -

Applicant's Name and Signature

Designation: _____



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FOR SHENA USE ONLY

TYPE OF APPLICATION ☐ NEW APPLICATION ☐ RENEWAL

I approve / do not approve the person to be appointed as WSH Co-Ordinator

REMARKS

REF. NUMBER: **SHENA / IND /**

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DATE

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Signature

