

# APPLICATION FOR ACCREDITATION

## Workplace Health and Safety Management Systems Auditor (Self-Insurance)

**Surname** ..... **Given Names** .....

**Residential address**

**Business/Postal address**

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**Telephone contact numbers**

**Email address**

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**Educational experience:**

(attach copies of relevant supporting documents)

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**Health and Safety related employment history:**

(attach supporting evidence and/or referee contact information)

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**Signed**

**Witness**

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