



## WESTERN AUSTRALIAN ENVIRONMENTAL HEALTH PROFESSIONAL REVIEW BOARD

<b>Recognition of Environmental Health qualifications obtained overseas</b>													
<b>Application for Registration as an Environmental Health Officer in Western Australia</b>													
PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS OR ELECTRONICALLY (PREFERABLE)													
<b>1.</b>	<b>Personal Details</b>												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name:</td> <td style="width: 50%;">Last/Family Name:</td> </tr> <tr> <td>Title: Mr , Mrs , Ms , Miss, other:</td> <td>Nationality:</td> </tr> <tr> <td>Passport No:</td> <td>Visa Type/Number:</td> </tr> <tr> <td>Australian Driver's License No:</td> <td>Date of Birth:</td> </tr> </table>	First Name:	Last/Family Name:	Title: Mr , Mrs , Ms , Miss, other:	Nationality:	Passport No:	Visa Type/Number:	Australian Driver's License No:	Date of Birth:				
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<b>2.</b>	<b>Contact Details (in Australia)</b>												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Address:</td> </tr> <tr> <td colspan="2">Email:</td> </tr> <tr> <td>Telephone: Mobile:</td> <td style="text-align: right;">Home:</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	Address:		Email:		Telephone: Mobile:	Home:						
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Email:													
Telephone: Mobile:	Home:												
<b>3.</b>	<b>Contact Details (Country of Origin - Where you obtained your qualifications/experience)</b>												
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Email:													
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<b>4.</b>	<b>Details of the Environmental Health profession in your country</b>												
4.1	Title of EH profession in your Country : _____ (for example: Environmental Health Officer (EHO)/Environmental Health Professional (EHP):												
4.2	Details of the qualification process for EHO/EHPs in your Country (for example in Australia EHOs have to complete an Environmental Health Degree or Graduate Diploma course accredited by the PRB/EHA and a period of practical training/experience.)  												
4.3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Is EH qualification overseen by a 'recognised authority' in your Country? (for example: in WA – The WAEHPRB approves environmental health qualifications)</td> <td style="width: 20%; text-align: center;">No : Yes</td> </tr> <tr> <td colspan="2">If Yes, Please provide evidence of approval:</td> </tr> <tr> <td colspan="2">Name of Authority:</td> </tr> <tr> <td colspan="2">Postal Address:</td> </tr> <tr> <td>Telephone:</td> <td style="text-align: right;">Website:</td> </tr> <tr> <td colspan="2">Email:</td> </tr> </table>	Is EH qualification overseen by a 'recognised authority' in your Country? (for example: in WA – The WAEHPRB approves environmental health qualifications)	No : Yes	If Yes, Please provide evidence of approval:		Name of Authority:		Postal Address:		Telephone:	Website:	Email:	
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4.4	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">If EH is not overseen by a recognised authority, have you worked as an EHO/EHP for at least two years during the past ten years?</td> <td style="width: 20%; text-align: center;">No : Yes</td> </tr> <tr> <td colspan="2">If Yes, Please provide evidence of work experience:</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	If EH is not overseen by a recognised authority, have you worked as an EHO/EHP for at least two years during the past ten years?	No : Yes	If Yes, Please provide evidence of work experience:									
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<b>5</b>	<b>Environmental Health Qualifications</b>		
	Name/Title of Qualification:		
	Name of Institution:		
	School/Division in Institution:		
	Date Course Commenced:	Date Completed:	
	Copy of Degree Certificate included/attached?		No : Yes
	Transcript of Course Syllabus included/attached?		No : Yes
	Filename of attach documentation (eg: Appendix #):		
<b>6.</b>	<b>Contact Details at Tertiary Training Institution/University (eg: EH Course Coordinator)</b>		
	First Name:	Last/Family Name:	
	Title: Mr, Mrs, Prof, Dr, other:	Position:	
	Telephone: Work:	Mobile:	
	Email:		
	Filename of attach documentation (eg: Appendix #):		
<b>7.</b>	<b>Environmental Health Training (Other than Qualification given in #5)</b>		
7.1	Name/Title of Training:		
	Name of Organisation:		
	Certificate Number:		
	Date Course Commenced:	Date Completed:	
	Copy of Certificate included/attached?		No : Yes
	Filename of attach documentation (eg: Appendix #):		
	Comment:		
7.2	Name/Title of Training:		
	Name of Organisation:		
	Details/Summary:		
	Date Course Commenced:	Date Completed:	
	Certificate Number:	Copy of Certificate included/attached?	No : Yes
	Filename of attach documentation (eg: Appendix #):		
	Comment:		
7.3	Name/Title of Training:		
	Name of Organisation:		
	Details/Summary:		
	Date Course Commenced:	Date Completed:	
	Certificate Number:	Copy of Certificate included/attached?	No : Yes
	Filename of attach documentation (eg: Appendix #):		
	Comment:		



## WESTERN AUSTRALIAN ENVIRONMENTAL HEALTH PROFESSIONAL REVIEW BOARD

<b>8.</b>	<b>Other Academic Awards/Qualifications related to Environmental Health</b>		
8.1	Name/Title:		
	Name of Institution:		
	Details/Summary:		
	Date Course Commenced:		Date Completed:
	Certificate Number:		Copy of Certificate included/attached? No : Yes
	Filename of attach documentation (eg: Appendix #):		
	Comment:		
8.2	Name/Title:		
	Name of Institution:		
	Details/Summary:		
	Date Course Commenced:		Date Completed:
	Certificate Number:		Copy of Certificate included/attached? No : Yes
	Filename of attach documentation (eg: Appendix #):		
	Comment:		
<b>9.0</b>	<b>Details of Professional Environmental Health Association Membership</b>		
	Name of Association:		
	Postal Address:		
	Email:		
	Telephone:		Website:
	Member Grade/Status:		Date Accepted:
	Copy of Membership Certificate included/attached?		No : Yes
	Have you participated in any Continuing Professional Development (CPD) program?		No : Yes
<b>10.</b>	<b>Summary of your Environmental Health work experience in your country</b>		
10.1	Have you worked as an EHO/EHP in your country?		No : Yes
	If Yes, Please provide evidence:		
	Name of Employer (1):		
	Postal Address:		
	Email:		Website:
	Telephone:		
	Filename of attach documentation (eg: Appendix #):		
	Comment:		



## WESTERN AUSTRALIAN ENVIRONMENTAL HEALTH PROFESSIONAL REVIEW BOARD

<b>10.2</b>	Summary of other Work Experience:	
	Name of Employer (2):	
	Postal Address:	
	Email:	Website:
	Telephone:	
	Filename of attach documentation (eg: Appendix #):	
	Comment:	
<b>11.</b>	<b>Details of Employment in Australia</b>	
<b>11.1</b>	Have you worked as an EHO/EHP in Australia?	No : Yes
	If Yes, Please provide evidence:	
	Name of Employer (1):	
	Postal Address:	
	Telephone:	Website:
	Email:	
	Contact name of Supervisor/Manager:	
	Duties:	
	Filename of attach documentation (eg: Appendix #):	
<b>11.2</b>	Summary of other environmental health work experience:	
	Name of Employer (2):	
	Postal Address:	
	Telephone:	Website:
	Email:	
	Contact name of Supervisor/Manager:	
	Duties:	
	Filename of attach documentation (eg: Appendix #):	
<b>12.</b>	<b>Declaration</b>	<b>Fee Payment</b>
	I declare that the information provided is true and accurate to the best of my knowledge.	In Australia: BSB: 126-540 Account: 02516607
	Applicants Signature:	Overseas/International:
		Account Name: WA Environmental Health Officers
		Account #: 2516607; Bank: Bank of Queensland Ltd.
		SWIFT/BIC Code: QBANAU4B
	Date:	Fee \$AUD100.00 Ref: ROQ (Your Name)
	Your Receipt #:	Your Bank: Date Paid: