



*Società Italiana di Ergonomia*

*e Fattori Umani*

**APPLICATION FOR**

**NEW EUROPEAN ERGONOMIST**

**CERTIFICATION**

***New Eur-Erg***

**Application Form**

**Version January 2025**

***N.B in grigio le parti da non cambiare, da leggere attentamente!***

***In bianco le parti da compilare***

1. **Personal details of applicant**

|  |  |
| --- | --- |
| **Surname and Name** |  |
| **Date and place of birth** |  |
| **Personal address** |  |
| **Personal phone** |  |
| **Professional address** |  |
| **Professional phone** |  |
| **Mobile phone** |  |
| **E-mail** |  |
| **Year of first enrolment in SIE as Ordinary member** |  |

**2. Education**

**2.1 Academic qualifications**

Indicate the educational institution (University, School, ...), the duration of the academic course (in years) of the specific course in ergonomics (in months) and the year of related educational qualification.

Please only indicate the complete courses that have awarded you a diploma or a certificate.

For diplomas or certificates relating to specific ergonomics studies it is mandatory to provide a copy of the program.

List the courses in chronological order and refer to the letter in the first column for the related educational credits obtained to be included in 2.2.1 (see grey columns)

| **Course code** | **Type of course** | **Course title** | **University** | **Day, Month and Year of start / day, month and year of**  **achievement** |
| --- | --- | --- | --- | --- |
| **A**  (Laurea Triennale) | **Indicate here the type of Bachelor's Degree course** (architecture, biological science, engineering, ergonomics, mathematics, medicine and health care, physical therapy, psychology and cognitive science, safety and health at work, sociology and political science, other) |  |  |  |
| **B**  (Laurea Magistrale) | **Indicate here the type of Master's Degree course** (architecture, biological science, engineering, ergonomics, mathematics, medicine and health care, physical therapy, psychology and cognitive science, safety and health at work, sociology and political science, other) |  |  |  |
| **C**  Specialization | Indicate here, if any Specialization/s |  |  |  |
| **D**  Ph.D | Indicate here, if any, research doctorate/s |  |  |  |
| **E**  Other | Indicate here, if any, another course/s |  |  |  |

**2.1.2 Additional studies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course code** | **Type of course** | **Course title** | **Institution** | **Day, Month and Year of start / day, month and year of achievement** |
| **F**  Ergonomics course | Indicate here, if any, Course/s in Ergonomics |  |  |  |
| **G**  Master | Indicate here, if any, Master/s |  |  |  |
| **H**  Other | Indicate here, if any, another course/s |  |  |  |

**2.2.1. Areas of knowledge**

1. **Principles of Ergonomics**

Definitions, objectives and approach

Fill in each training content that contributes to the acquisition of the knowledge area: General principles of ergonomics.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

1. **Population and general human characteristics**

Basic Human physiology and psychology

Fill in each training content that contributes to the acquisition of the knowledge area: Human characteristics

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**C. Design of technical systems**

Principles of planning and design of technical systems

Fill in each training content that contributes to the acquisition of the knowledge area: Design of technical systems

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**D. Research, evaluation and investigative techniques**

Methods of statistical analysis, investigation and measurement

Fill in each training content that contributes to the acquisition of the knowledge area: Research, evaluation and investigative techniques

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**E. Professional Issues**

Legislative aspects, standards and technical regulations. Professional ethics. Development and marketing of the profession

Fill in each training content that contributes to the acquisition of the knowledge area: Professional Issues

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**F. Ergonomics: Activity and/or Work Analysis**

Methods of analysis of work and human activities

Fill in each training content that contributes to the acquisition of the knowledge area: Ergonomics: Activity and/or Work Analysis

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**G. Ergonomics: Interventions**

Theoretical aspects of ergonomic design and evaluation

Fill in each training content that contributes to the acquisition of the knowledge area:Ergonomics: Interventions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**H. Ergonomics: Physiological and physical aspects**

Elements of physical ergonomics

Fill in each training content that contributes to the acquisition of the knowledge area: Ergonomics: Pshysiological and physical aspects

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**I. Ergonomics: phycological and cognitive aspects**

Elements of cognitive ergonomics

Fill in each training content that contributes to the acquisition of the knowledge area: Ergonomics: phycological and cognitive aspects

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**J. Ergonomics: Social and organizational aspects**

Elements of organizational ergonomics

Fill in each training content that contributes to the acquisition of the knowledge area: Ergonomics: Social and organizational aspects

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Training content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**K. Project work**

Describe it in relation to the Course Code in the grey column, indicate the letter (A, ... H) corresponding to the title (degree, specialization, doctorate, ...) within which the course was attended, as specified in point 2.1.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Content description** | **Hours** | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  |  |  |  |  |  |

**L. Optional Courses related to Ergonomics**

List other course/s related to Ergonomics

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  **code**  *(Referred to point 2.1)* | **Content description** | **Hours** | | **ECTS** *(educational credits/CFU)* | **University/ Institution** | **Year** | **N.**  *(attachment Number)* |
|  |  | Frontal lessons (lectures) |  |  |  |  |  |
| Laboratory exercises |  |
| Self-study |  |
| Practical project |  |

**2.3. Supervised training** (1 year minimum)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firm/Institution** | | Hours | **Start** (day/month/year | **End**  (day/month/year) | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Training Content description** |  | | | | |
| **Methodologies** |  | | | | |
| **Results** |  | | | | |
| **Supervisor** |  | | | | |

**2.4. Others Supervised training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firm/Institution** | | Hours | **Start** (day/month/year | **End**  (day/month/year) | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Training Content description** |  | | | | |
| **Methodologies** |  | | | | |
| **Results** |  | | | | |
| **Supervisor** |  | | | | |
|  |  | | | | |

**3. Professional experience**

* 1. **Present occupation/s**

Please number here below only the attachments produced.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of activity in the field of ergonomics** | **For each activity specify the % of time**  Please note that for each activity the percentage of time spent on individual experiences must be calculated on the total working time taken into consideration | | **Number of the related attachment** | **Contact person** |
| **Main Activity** | **Secondary Activity** |
| Consultancy |  |  |  |  |
| Project |  |  |  |  |
| Research |  |  |  |  |
| Teaching |  |  |  |  |
| Management |  |  |  |  |
| Other |  |  |  |  |
| Total (the sum of the percentages of all the different activities in the Ergonomics sector must be greater than 55% of the total full working hours in the period considered) |  | |  |  |
| **Summary of professional Activities**  Briefly describe your activity on Ergonomics here: the themes, areas of interest and the typology of clients of your ergonomics interventions (like a short CV, max 500 words). | | | | |
| *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | |

* 1. **Past professional position/s related to Ergonomics**

|  |  |
| --- | --- |
| **1.** | |
| ***Start*** (day/month/year) | ***End*** (day/month/year) |
| ***Role*** (Project leader, ergonomist in multidisciplinary team, …please describe) |  |
| ***Location*** |  |
|  | |
| **2.** | |
| ***Start*** (day/month/year) | ***End*** (day/month/year) |
| ***Role*** (Project leader, ergonomist in multidisciplinary team, …please describe) |  |
| ***Location*** |  |
|  | |

* 1. **Examples of professional experience**

Present a selection of at least six of your most significant interventions, i.e. those that show your ability to analyse the problem from an ergonomic point of view and to intervene in a targeted manner. Both in the case of interventions for which you have worked as an individual professional, and in the case of collective interventions, indicate the overall duration of the entire project, your level of responsibility in the project and the extent of your specific commitment (expressed in man hours). For these interventions it is necessary to present, in addition to the summary data indicated below in the table, also a summary with, if possible, the references of the people who can be contacted in the companies in question.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Project title** | **Start date**  day/month/year | **End date**  day/month/year | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Client** |  | | | | |
| **Level of responsibility**  (Project leader, ergonomist in multidisciplinary team, …please describe) |  | | | | |
| **Applied Methodologies** | Aims | | | | |
| Methods (qualitative or qualitative? UCD, CoDesign, Task Analisys, etc.) | | | | |
| Tools (survey, focus group, interview, questionnaire, standards) | | | | |
| **Significant impacts/ Achievements** | Results | | | | |
| *In this area, a summary of few lines is required, specifying your role, and the results obtained from the point of view of ergonomic intervention.*  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | | |
| **2** | **Project title** | **Start date**  day/month/year | **End date**  day/month/year | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Client** |  | | | | |
| **Level of responsibility** |  | | | | |
| **Applied Methodologies** | Aims | | | | |
| Methods (qualitative or qualitative? UCD, CoDesign, Task Analisys, etc.) | | | | |
| Tools (survey, focus group, interview, questionnaire, standards) | | | | |
| **Significant impacts/ Achievements** | Results | | | | |
| *In this area, a summary of few lines is required, specifying your role, and the results obtained from the point of view of ergonomic intervention.*  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | | |
| **3** | **Project title** | **Start date**  day/month/year | **End date**  day/month/year | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Client** |  | | | | |
| **Level of responsibility** |  | | | | |
| **Applied Methodologies** | Aims | | | | |
| Methods (qualitative or qualitative? UCD, CoDesign, Task Analisys, etc.) | | | | |
| Tools (survey, focus group, interview, questionnaire, standards) | | | | |
| **Significant impacts/ Achievements** | Results | | | | |
| *In this area, a summary of few lines is required, specifying your role, and the results obtained from the point of view of ergonomic intervention.*  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | | |
| **4** | **Project title** | **Start date**  day/month/year | **End date**  day/month/year | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Client** |  | | | | |
| **Level of responsibility** |  | | | | |
| **Applied Methodologies** | Aims | | | | |
| Methods (qualitative or qualitative? UCD, CoDesign, Task Analisys, etc.) | | | | |
| Tools (survey, focus group, interview, questionnaire, standards) | | | | |
|  | | | | |
| **Significant impacts/ Achievements** | Results | | | | |
| *In this area, a summary of few lines is required, specifying your role, and the results obtained from the point of view of ergonomic intervention.*  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | | |
| **5** | **Project title** | **Start date**  day/month/year | **End date**  day/month/year | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Client** |  | | | | |
| **Level of responsibility**  (Project leader, ergonomist in multidisciplinary team, …please describe) |  | | | | |
| **Applied Methodologies** | Aims | | | | |
| Methods (qualitative or qualitative? UCD, CoDesign, Task Analisys, etc.) | | | | |
| Tools (survey, focus group, interview, questionnaire, standards) | | | | |
| **Significant impacts/ Achievements** | Results | | | | |
| *In this area, a summary of few lines is required, specifying your role, and the results obtained from the point of view of ergonomic intervention.*  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | | |
| **6** | **Project title** | **Start date**  day/month/year | **End date**  day/month/year | **Total n. of man-days** | **N.**  *(attachment Number)* |
|  | |  |  |  |  |
| **Client** |  | | | | |
| **Level of responsibility** |  | | | | |
| **Applied Methodologies** | Aims | | | | |
| Methods (qualitative or qualitative? UCD, CoDesign, Task Analisys, etc.) | | | | |
| Tools (survey, focus group, interview, questionnaire, standards) | | | | |
| **Significant impacts/ Achievements** | Results | | | | |
| *In this area, a summary of few lines is required, specifying your role, and the results obtained from the point of view of ergonomic intervention.*  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | | |

* 1. **Publications in Ergonomics** (APA format)

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**4. Continuous Professional Development (CPD)**

**4.1** **Participation in ergonomics activities and events**

(detailed list and description in the last five years)

|  |  |  |
| --- | --- | --- |
| **Type of activity, initiative, event** | **Title and date** | **Impact in terms of professional development** |
| **International Congresses** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **National Congresses** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other** |  |  |
|  |  |  |
|  |  |  |
| **Description of personal CPD goals, plans for future professional developments** |  | |

**4.2 Courses, training on job, self-study**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of course** | **Course title** | **Organisation** | **Hours** | **Year** | **Learning outcomes and Impact in terms of professional development** (what did you learn?) |
|  |  |  |  |  |  |
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**4.3** **Learning outcomes and personal goals**

(Additional educational, professional and personal objectives that are intended to be achieved in the next five years)

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**5. Referees**

*Indicate the names of at least one and a maximum of three people chosen from the scientific and technical-professional ergonomics community and available to provide testimony on the early years of your professional activity and on your current occupation in ergonomics.*

*Do not refer here to customers and clients. You can instead do it separately (attached) for the interventions carried out.*

*Mention below the number of the contact person for the points for which you consider his testimony valid. This authorizes the commission to contact the persons named.*

|  |  |  |
| --- | --- | --- |
| **Contact person 1** | | |
| Surname and name |  | |
| Position and Firm/Institution |  | |
| Address |  | |
| Tel. |  | E-mail: |
| **Contact person 2** | | |
| Surname and name |  | |
| Position and Firm/Institution |  | |
| Address |  | |
| Tel. |  | E-mail: |
| **Contact person 3** | | |
| Surname and name |  | |
| Position and Firm/Institution |  | |
| Address |  | |
| Tel. |  | E-mail: |

**6. Statement**

With this document I am applying for the title of Eur.Erg. - European ergonomist and towards the sum required for the examination of the dossier.

I am aware that if my application is accepted:

1) The qualification will be issued for a period of 5 years, at the end of which a further examination to verify professional experience will be required.

2) The issue of the qualification and registration in the register are subject to the payment of the annual fee.

In the event that the title is granted to me, I declare that I have read and accept the CREE Code of Conduct and I undertake to practice ergonomics according to its principles.

"Read and approved"

|  |  |
| --- | --- |
| **I hereby declare to have read and accepted the CREE and SIE Code of Conduct** | |
| **Signature** | **Place, Date** |

N.B. The signature of this application form is equivalent to a self-certification of the achievement of the aforementioned qualifications and allows the processing of data.