



*Società Italiana di Ergonomia*

*e Fattori Umani*

**APPLICATION FOR**

**EUROPEAN ERGONOMIST**

**Renewal**

***Eur-Erg* Renewal**

**Prolongation 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**

|  |  |
| --- | --- |
| **Surname and Name** |  |
| **Date and place of birth** |  |
| **Personal address** |  |
| **Personal phone** |  |
| **Professional address** |  |
| **Professional phone** |  |
| **Mobile phone** |  |
| **E-mail** |  |
| ***Year of first registration as Eur-Erg*** |  |

**2. Present occupation(s) in Ergonomics**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Present occupation 1*** | | | | | | |
| ***From***  (day/month/year) | |  | ***To***  (day/month/year) | |  |
| ***Position*** | |  | | | | |
| ***Firm’s name and Location*** | |  | | | | |
| ***Present occupation 2*** | | | | | | |
|  | | | | | | |
| ***From***  (day/month/year) | |  | ***To***  (day/month/year) | |  |
| ***Position*** | |  | | | | |
| ***Firm’s name and Location*** | |  | | | | |
|  | | | | | | |
| ***Area of work*** *(Please tick which one you are working)* | | | | | | |
| ❒ Own Ergonomics consultancy | | ❒ Ergonomics / H&S consultancy company | | ❒ Other private company | | |
| ❒ Government organization / labour inspection | | ❒ Education/research institution | | ❒ Other public organisation | | |
| ***Classification of branch of employement:*** *(Please select)* | | | | | | |
| ❒ Areonautics industry | ❒ Automobile industry | | | ❒ Raylways/transports | | |
| ❒ Nuclear industry/energy | ❒ Other industrial area | | | ❒ Military | | |
| ❒ Communication/multimedia | ❒ Hospital/care services | | | ❒ Government services | | |
| ❒ Service industry/offices | ❒ Diverse brances | | | ❒ Others | | |
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| --- | --- | --- | --- | --- |
| **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 here your activity (since first registration or last prolongation) focusing on the last 5 years: the themes, areas of interest (e.g. UX, biomechanical risk assessment, usability of the built environment, evaluation of the organization of production, etc.) and the typology of clients of your ergonomics interventions (like a short CV, max. 500 words).*  ***Your activity since your first certification***  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..*  ***Your activity during last five years, if relevant***  *…………………………………………………………………………………………………………………………………………………………………….*  *…………………………………………………………………………………………………………………………………………………………………..* | | | | |

**3. Past professional position**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | | | | | | |
| ***Start*** | day | month | year | ***End*** | day | month | year |
| ***Role/Position*** add all your Role/Positions since last application | | | |  | | | |
| ***Location*** | | | |  | | | |
|  | | | | | | | |
| **2.** | | | | | | | |
| ***Start*** | day | month | Year | ***End*** | day | month | year |
| ***Role/Position*** add all your Role/Positions since last application | | | |  | | | |
| ***Firm’s name and Location*** | | | |  | | | |
|  | | | | | | | |

**4. Professional experience**

Present a selection of at least four 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. All relevant information must be included here below. Do not insert here any picture, be concise. Attachments are used for a deeper knowledge of your work, especially in the case you have not edited any scientific publications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Project title** | **Start date**  day/month/year | **End date**  day/month/year | **Total n. of man-days** | **Number of the**  **attachment or link** |
|  | |  |  |  |  |
| **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** | **Number of the**  **attachment or link** |
|  | |  |  |  |  |
| **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** | **Number of the**  **attachment or link** |
|  | |  |  |  |  |
| **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** | **Number of the**  **attachment or link** |
|  | |  |  |  |  |
| **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.**  **Publications in Ergonomics** (APA format)

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

**6.1 Participation in ergonomics activities and events**

(detailed list and description in the last five years)

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of course** | **Course title** | **Organisation** | **Hours** | **Year** |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Description of learning outcomes and impact in terms of professional development** |  | | | |
| **Description of personal CPD goals and plans for future professional developments** |  | | | |

**7. 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.

If 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.