



Application for Admission Ergonomics Short Course Series



Last Name / Surname: _____

First Name(s): _____

Title: _____ **ID number:** _____

Email: _____

Contact number: _____(W) _____(Cell)

Course enrolling for (mark with an X):

- Course 1: Introduction to Ergonomics and Ergonomics Programs**
- Course 2: Level 1 Ergonomics Assessment and Controls**
- Course 3: Level 2 Ergonomics Assessment of Physical Work**
- Course 4: Level 2 Ergonomics Assessment of Cognitive Work**
- Course 5: Ergonomics Projects**

What are your qualifications?

What is your current occupation?

Reason(s) for enrolling in the Ergonomics Short Course

Signature:

Date:
