CREE – European ergonomist new application form

CREE: Center for Registration of European Ergonomist, [Home - CREE (eurerg.eu)](https://eurerg.eu/)

BREE: Belgian Registration of European Ergonomists, [Eur Erg | besweb.be](https://besweb.be/fr/eurerg)

**BREE will manage your application form and propose it to CREE.
To contact BREE:** **bree@besweb.be**

**To check your form, BREE needs your annex to this form (attendance and training certificates, copies of diplomas, copies of your ergonomic analysis reports, copy or links to publications…)**

 **Please note, this document must be completed in English.**

|  |
| --- |
| Applicant information |
| Real name (first name, middle name, last name) |  |
| Name on certificate |  |
| Email |  |
| Address | * Street :
* City :
* Province :
* Postal/zip code :
* Country :
 |
| Phone number |  |
| Date of birth |  |

|  |
| --- |
| Education  |
| Courses. Start with the most recent courses |
| * Course title:
* From:
* To:
* Institution:
 |
| * Course title:
* From:
* To:
* Institution:
 |
| * Course title:
* From:
* To:
* Institution:
 |
| * Course title:
* From:
* To:
* Institution:
 |
| * Course title:
* From:
* To:
* Institution:
 |
| * Course title:
* From:
* To:
* Institution:
 |
| * Course title:
* From:
* To:
* Institution:
 |
| * Course title:
* From:
* To:
* Institution:
 |

|  |
| --- |
| General Education Requirements |
| Academic Education (years) |  |
| Education in Ergonomics (months) |  |
| Completion of Minimal Education Requirements (date) |  |
| Classification of basic education (engineering, physical therapy, psychology,…) | * Architecture
* Biological sciences
* Engineering
* Ergonomics
* Mathematics
* Medicine & health care
* Physical therapy
* Psychology & cognitive science
* Safety & health at work
* Sociology & political science
* Other
 |

|  |
| --- |
| Education Calculation**Pay attention** : you need to have minimum 48 ECTS or 480 contact hours from F through K. For the total, you must have minimum 60 ECTS or 600 contact hours |
|

|  |
| --- |
| Type of calculation |

 | * ECTS
* Contact hours (1 ECTS=10 contact hours)
 |
| A. Principles of Ergonomics | Number of ECTS or Contact hours :  | Number of courses : * 1
* 2
* 3
* 4
* 5
 |
| B. Populations and general human characteristics | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| C. Design of technical systems | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| D. Research, evaluation and investigative techniques | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| E. Professional issues | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| F. Ergonomics: Activity and/or work analysis | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| G. Ergonomics: Interventions | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| H. Ergonomics: Physiological and physical aspects | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| I. Ergonomics: Psychological and cognitive aspects | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| J. Ergonomics: Social and organizational aspects | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| K. Supervised project work | Number of ECTS or Contact hours : | Number of courses :* 1
* 2
* 3
* 4
* 5
 |
| L. Optional courses(Max 2 ECTS or 20 contact hours) | Number of ECTS or Contact hours : | * Architecture
* Engineering/systems engineering
* Epidemiology
* Health, safety & well-being at work
* Industrial design
* Information technology/computer science
* Occupational hygiene
* Occupational medicine
* Occupational therapy
* Physiotherapy
* Psychology
* Sociology
* Statistics
 |
| Subtotal F through K (min 48 ECTS or 480 contact hours) |  |
| Total (min 60 ECTS or 600 contact hours) |  |
| Laboratory / Practical experience | * Yes
* No
 |

|  |
| --- |
| Supervised Training |
| Months assessed (minimum 12) |  |
| Supervisor / Company |  |
| Professional Experience |
| Employment |
| Present Occupation |  |
| Employer |  |
| From (date) |  |
| Is ergonomics the main occupation? | * Yes
* No
 |
| Time Devoted to Ergonomics Practice (%) |  |
| Second Employment (Optional if there is a second job) |
|

|  |
| --- |
| Present Second Occupation |

 |  |
| Second Employer |  |
| From (date) |  |
| Is ergonomics the main occupation? | * Yes
* No
 |
| Time Devoted to Ergonomics Practice (%) |  |
| Past Positions Since initial application/ most recent prolongation |
|  | * Occupation:
* From:
* To:
* Employer:
* Location:
* Occupation:
* Time Devoted to Ergonomics Practice :
* From:
* To:
* Employer:
* Location:
 |
| Years of independent experience since finishing training and supervision |  |
| Classification of type of employment | * Own ergonomics consultancy
* Ergonomics/H&S consultancy
* Other private company
* Government organization/labour inspection
* Education/research institution
* Other public organisation
 |
| Classification of branch of employment | * Aeronautics industry
* Automobile industry
* Railways/transport
* Nuclear industry/energy
* Other industrial area
* Military
* Communication/multimedia
* Hospital/ care services
* Government services
* Service industry/offices
* Diverse branches
 |

Professional work

* Give a little overview of your professional work :
* Examples of Professional Work : give 3-4 examples. Maximum 10 allowed.
* **Title:**
* **From:**
* **Duration in Days/Months:**
* **Role/Responsibility:**
* **Description/Achievements:**
* **Title:**
* **From:**
* **Duration in Days/Months:**
* **Role/Responsibility:**
* **Description/Achievements:**
* **Title:**
* **From:**
* **Duration in Days/Months:**
* **Role/Responsibility:**
* **Description/Achievements:**
* **Title:**
* **From:**
* **Duration in Days/Months:**
* **Role/Responsibility:**
* **Description/Achievements:**
* **Title:**
* **From:**
* **Duration in Days/Months:**
* **Role/Responsibility:**
* **Description/Achievements:**
* **Title:**
* **From:**
* **Duration in Days/Months:**
* **Role/Responsibility:**
* **Description/Achievements:**

Professional experience demonstrates : according to project description, referee, reports, etc. Please provide us, as an attachment to this document, reports produced in your professional ergonomics practice. Ideally, interventions in different areas such as:

* Work in design process
* Broad experience in ergonomics projects and occupation related to physiology, psychology and organizational design
* Project work demonstrates a systems approach

|  |
| --- |
| Professional Development**Continuous Professional Development** |
| Participation in ergonomics activities and events | * ……
* ……
* ……
* …….
* ……
* ……
* …..
 |
| Courses, self-study, training etc. | * …………
* ………..
* …………
* …………..
* …………..
* ………..
 |
| Learning outcomes |  |
| Personal CPD goals |  |
| CPD Plan for future | * Yes
* No
 |