



Environmental Health Australia Continuing Professional Development (CPD) Program

Application Form

The CPD Program is free to all EHA financial members

APPLICANT DETAILS:

Surname: _____ Given Name: _____

Address: _____

_____ State: _____ Postcode: _____

Date of Birth: _____ Membership Number: _____

Tel: _____ Email: _____

Current Employer: _____

Position / Title: _____

Total number of years in environmental health practice: _____

CPD Registration Declaration:

By participating in the Continuing Professional Development Program I, _____, hereby declare that I am a current financial member of EHA and that I agree to fully participate in the CPD Program by abiding by the rules and regulations of this program. I also agree to comply with EHA's Members' Professional Code of Conduct.

Signature of Applicant: _____ Date: _____

Return to: Margaret Hind PO Box 2222 Fortitude Valley BC Qld 4006
Fax: 07 3252 9084 Ph: 07 3854 1113
Email: margaret.hind@eh.org.au

Application Processing (Office Use only):

Date Application Received: _____ Date Reviewed: _____

Application: Successful / Unsuccessful Review Officer: _____