



## 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](mailto:margaret.hind@eh.org.au)

#### Application Processing (Office Use only):

Date Application Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Application: Successful / Unsuccessful Review Officer: \_\_\_\_\_