

Ref : AADC/CLC/HSE/18/

Date : / /2018

To : The Manager, HSEQ Department

### Health and Safety Officer Approval Request

|   |                        |                   |
|---|------------------------|-------------------|
| <b>Applicant Name :</b>   |                        |                   |
| <b>Company / Establishment Name:</b>  |                        |                   |
| <b>Educational Qualification</b>  |                        |                   |
| <b>Address:</b>   | <b>Mobile No.:</b>     | <b>Fax No.:</b>   |
|   | <b>E-mail Address:</b> |                   |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Qualification certificate duly attested by Ministry of Higher Education of UAE.</li><li><input type="checkbox"/> Current HSE Practitioner card from QUDORAT/OSHAD.</li><li><input type="checkbox"/> Work Experience Certificates.</li><li><input type="checkbox"/> Fire Fighting Training certificate attended within last 2 years.</li><li><input type="checkbox"/> First Aid training certificate attended within last 2 years.</li><li><input type="checkbox"/> Passport copy with valid (same) company Visa.</li><li><input type="checkbox"/> Emirates ID copy.</li><li><input type="checkbox"/> The candidate's CV</li><li><input type="checkbox"/> Previous competency certificate if any, from any ADWEA group companies</li><li><input type="checkbox"/> Certificates of OHS Coursed/Seminars/Conferences attended in last 5 years<br/>( Original Emirates ID and Certificates to be Shown during test/interview process )</li></ul> |                        |                   |
| <b>Company Authorised Manager Signature and Stamp:</b>  |                        | <b>Date : / /</b> |

Find attached the required documents of the above mentioned request for your necessary action .

**Licensing Committee Member Signature and Stamp:**