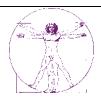


Application for Admission Ergonomics Short Course Series



Last Name / Surname: _		
First Name(s):		
Title:	ID number:	
Email:		
	(W)	
Course enrolling for (mark	k with an X):	
Course 1: Introduction	n to Ergonomics and Ergonomics Program	IS
Course 2: Level 1 Erg	jonomics Assessment and Controls	
Course 3: Level 2 Erg	onomics Assessment of Physical Work	
Course 4: Level 2 Erg	onomics Assessment of Cognitive Work	
Course 5: Ergonomic	s Projects	
What are your qualificatio		
What is your current occu		
Reason(s) for enrolling in	the Ergonomics Short Course	
Signature:		Date: