



# INSTITUTION OF OCCUPATIONAL SAFETY & HEALTH MANAGEMENT (IOSHM)

P.O. Box 23, Vacoas, Mauritius  
www.ioshm.com

## Membership Application Form

- Please complete the form in full and submit to the Secretary, IOSHM at the above address
- Provide copies of 1) National Identity Card, 2) related qualifications and 3) SHO Certificate of Registration issued by the Ministry of Labour, Industrial Relations & Employment (if any)
- All information given will be treated confidentially and in accordance with the Data Protection Act 2017
- Membership duration is for one year

### PERSONAL PARTICULARS (IN BLOCK LETTERS)

Name (as shown in NIC): Mr. / Miss / Mrs.

Date of birth:

Phone (Home):

Phone (Mobile):

Residential address:

NIC No.:

Nationality:

Country of Birth:

Sex:

Personal E-mail/s:

Marital Status:

### EMPLOYMENT INFORMATION

Current employer/s:

Office Phone:

Office E-mail:

Fax:

Please circle industry you are working in:

Construction / Agriculture / Manufacturing / Educational Institution / Healthcare / Hospitality / Food & Beverages / Landscaping / Transport & Logistics / Marine / Oil & Gas / Pharmaceutical / ICT / Finance / Retail / Sports / Consulting / Others (please specify):

Applicant's Job Title:

### EMPLOYMENT HISTORY / WORK EXPERIENCE

Employer	Address of Employer	Post	Date	
			From	To


**ACADEMIC QUALIFICATIONS**

College / University / Institution	Highest Qualifications	Year	
		From	To

**PROFESSIONAL QUALIFICATIONS**

Institution	Name of Qualification	Year Obtained

**MEMBERSHIP IN OTHER PROFESSIONAL ORGANISATIONS (IF ANY)**

Name of Organisation	Membership Category	Year Joined

**INTERESTS**

**Please select your interests**

- |  |   |
|--|---|
| <input type="checkbox"/> Conferences, seminars and workshops | <input type="checkbox"/> IOSHM social activities / events |
| <input type="checkbox"/> Members networking sessions         | <input type="checkbox"/> Other (please specify)           |

## IOSHM DATA PROTECTION STATEMENT

The Institution of Occupational Safety & Health Management (IOSHM) is a registered association under the Registration of Association Act 1978. We are required to collect information on individuals for the following purposes:

- As a registered association under the Registration of Association Act 1978
- Processing of membership applications
- Compiling statistical information to help us plan and improve our services
- Producing our own membership statistics

Personal information about you will be disclosed only in accordance with the Registration of Association Act 1978 and will not be disclosed to any other person unlawfully.

Under the Data Protection Act 2017, you have certain rights including the right to object to processing of your data, the right to access your data, the right to correct any inaccurate data, and the right to erasure or blocking of data. For more information, please refer to our Privacy Policy.

If you have any query / complaint, you can contact the Secretary of the Institution at the above-mentioned address or via email at: [ashley0379@gmail.com](mailto:ashley0379@gmail.com)

## DECLARATION / CONSENT

I have read and understand the above statement and give consent to IOSHM for the use and processing of data and information as outlined above. I accept that this information will be retained by IOSHM for as long as it remains relevant. In the case of unsuccessful membership approval this normally means that files will be destroyed within the year following the application.

I wish to apply for admission as Affiliate/ Associate / Corporate Member of the Institution of Occupational Safety & Health Management (IOSHM) and confirm that all the information given above is true and correct.

I undertake to abide by the Code of Professional Conduct of the IOSHM, as it now exist, or as may hereafter be amended, so long as I remain a member of IOSHM. I will accept as final and binding the decision of the Executive Committee of the Institution on all matters dealt with by them in accordance with its Rules of Association and Code of Professional Conduct. I agree to be contacted by IOSHM on membership matters and activities / events via email, phone or text message.

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Signature of Applicant

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Date

### FOR USE BY IOSHM EXECUTIVE COMMITTEE

Application verified and recommended for the Executive Committee's approval by:

Remarks:

Proposed by:

Seconded by:

Application       Approved       Rejected

Joined as: Corporate / Associate / Affiliate Member

Date

Subscription payable: RS 200 +

Signature of President:

Signature of Secretary: