www.iheem.org.uk

**Health & Safety Advisory Platform (H&SAP) – Platform Member Application Form**

Thank you for your interest in joining the Health & Safety Advisory Platform.

Please complete the application form in full and email it to iheemhealthsafetyadvisoryplatform@iheem.org.uk for consideration.

Please bear in mind that IHEEM requires all of its platform members to be current members of the Institute.

**Part 1: Personal Information**

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| --- | --- |
| Name: |  |
| Job Title: |  |
| Employer: |  |
| Email Address: |  |
| Telephone Number: |  |
| IHEEM membership category: |  |

**Part 2: Health & Safety Background**

Do you have any formal qualifications in health and safety?

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| --- | --- |
| Yes |  |
| No |  |

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| If yes, Please Specify: |

Please describe your health and safety experience to date:

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Have you participated in any health and safety committees, panels, working groups, or initiatives in the past?

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| --- | --- |
| Yes |  |
| No |  |

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| If yes, Please Specify: |

What specific skills or expertise would you bring to the committee? (e.g. risk assessment, training, policy development, or expertise in a particular field etc.)

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**Part 3: Health & Safety Concerns**

Are there any specific health and safety issues you have encountered in your work or within the institute that you would like the panel to prioritise? And why?

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Are there any other health and safety concerns you believe should be addressed by the panel? And why?

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**Part 4: Additional Information**

Why do you want to be a member of the Health & Safety Advisory Panel?

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Do you have any suggestions for improving health and safety practices generally within the Institution?

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Is there anything else you would like to share that may support your application?

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**Part 5: Acknowledgment**

By submitting this application, I confirm that the information provided is accurate and that I am committed to promoting health and safety within the institute and the wider healthcare estate.

I agree to abide by the IHEEM Code of Conduct, and the H&SAP Terms of Reference should my application be successful.

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| --- | --- |
| Signature: |  |
| Date: |  |