Application for assessment of international Environmental Health qualification not listed in the Victoria Government Gazette

Please complete all required sections below (marked \*) and submit, along with all relevant attachments, to environmental.healthunit@dhhs.vic.gov.au. All supporting documents must be provided in English. If your qualification certificate and academic transcript are not in English, please provide a certified English translation.

|  |  |
| --- | --- |
| **1.\*** | **Personal details** |
| Title |  |
| First name |  |
| Last/family name |  |
| **2.\*** | **Contact details (in Australia)** |
| Address |  |
| Email |  |
| Telephone |  |
| **OR** | **Contact details (International)** |
| Address |  |
| Email |  |
| **3.** | **Details of the Environmental Health (EH) profession in country of study** |
| Country of study |  |
| Is the EH profession overseen by a statutory body or organisation in this Country? | Yes / No  |
| Name of Organisation |  |
| Website |  |
| Email |  |
| **4.\*** | **Environmental Health Qualification** |
| Name of Qualification |  |
| Name of Institution |  |
| Country |  |
| Year commenced |  | Year completed |  |
| Copy of Qualification Certificate attached? **(REQUIRED)** | Yes / No | Attachment # |  |
| Copy of Personal Academic Transcript attached? **(REQUIRED)** | Yes / No | Attachment # |  |
| Copy of Course Syllabus attached? | Yes / No | Attachment # |  |
| **5.** | **Supporting Qualification 1 (if applicable)** |
| Name of Qualification |  |
| Name of Institution |  |
| Country |  |
| Year commenced |  | Year completed |  |
| Copy of Qualification Certificate attached? **(REQUIRED)** | Yes / No | Attachment # |  |
| Copy of Personal Academic Transcript attached? **(REQUIRED)** | Yes / No | Attachment # |  |
| Copy of Course Syllabus attached?  | Yes / No | Attachment # |  |

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| **6.** | **Supporting Qualification 2 (if applicable)** |
| Name/Title of Qualification |  |
| Name of Institution |  |
| Country |  |
| Year commenced |  | Year completed |  |
| Copy of Qualification Certificate attached? **(REQUIRED)** | Yes / No | Attachment # |  |
| Copy of Personal Academic Transcript attached? **(REQUIRED)** | Yes / No | Attachment # |  |
| Copy of Course Syllabus attached? | Yes / No | Attachment # |  |
| **7.\*** | **Previous Environmental Health recognition in Australia** |
| Have you been granted recognition as an Environmental Health Professional by any other Australian State or Territory?  | Yes / No |
| State/Territory in which recognition was issued: |  | Attachment # |  |
| **Declaration** |
| I declare that the information provided is true and accurate to the best of my knowledge. |
| Applicant’s signature |  | Date |  |

Upon submission of this application form, the details and documents supplied by you will be collected by the Department of Health (the Department), State of Victoria. This information is not disclosed to any other organisation or person. You may request to view any information supplied by you and held by the Department by post, phone, or email using the contact details below:

Department of Health
50 Lonsdale Street
Melbourne, Victoria, Australia, 3000
Phone: 1300 650 172
Email: environmental.healthunit@dhhs.vic.gov.au

Under Section 29 of the *Public Health and Wellbeing Act 2008*, an Environmental Health Officer must have the qualification(s) or qualification(s) and experience that are declared in the Victorian Government Gazette or that are substantially equivalent to those declared in the Gazette.

The information and documents supplied will be used to assess whether the qualifications submitted are substantially equivalent to those declared.

If you do not provide the required information, the Department will be unable to perform this qualification assessment.

For more information on how the Department handles your information, please see the Department’s Privacy Policy.