

**Application Form - SoBRA Register of Risk Assessors Scrutineer**

**Contact and Employment Details**

Name: [Enter name in full]

Title: [Mr/Mrs/Dr etc]

Telephone number: [Enter main contact number]

Email address: [Enter main correspondence email]

Current job title & details of employer, if in employment, or most recent employer if not currently in employment

[Current job title and details of employer/past employer]

**Practice Areas**

Please indicate the practice areas for which you are an Accredited Risk Assessor with SoBRA (ASoBRA):

|  |  |  |
| --- | --- | --- |
| [ ] Human Health | [ ]  Vapour Intrusion  |  |
| [ ]  Controlled Waters /Water Environment | [ ]  Permanent Gases  |  |

**Experience**

1. Have you enclosed a copy of your 2 page CV? [ ]
2. Have you enclosed your record of CPD if applicable? [ ]

Note: This is only applicable where it has been greater than one year since CPD records were last submitted to SoBRA. In this case CPD records should be provided for the period since last submitted.

1. Write a paragraph regarding your experience of mentoring others on land contamination risk assessment

[Experience of mentoring]

**Understanding/appreciation of the SoBRA Accreditation Scheme**

1. Please confirm that you have read and understood the Accreditation Scheme Documents [ ]
2. Write a paragraph to demonstrate your appreciation of the importance of the RSoBRA and ASoBRA registration

[Demonstration of appreciation of importance of RSoBRA/ASoBRA registration]

**Declaration & Consent**

By submitting this application I hereby declare that:

* the information provided is a true representation of my experience, skills and qualifications;
* that I will adhere to SoBRA Scrutineering procedures, be impartial and maintain confidentiality in the exercising of my duties as Scrutineer.

Signed: Date:

I consent to my name being added to the SoBRA website as a Scrutineer: Yes/No (delete as necessary)

Completed applications must be signed and emailed to accreditation@sobra.org.uk