# Graphical user interface, text, application Description automatically generatedCandidate Information Form

To be completed by all candidates. Please read the Data Protection Notice on the reverse of this form, then provide the following information in **BLOCK CAPITALS** using ink and insert only one character in each box. You should then sign the declaration. All fields on this form are mandatory and must be completed to process your examination.

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| Last name(s) \* |  |
| First name \* |  |
| TITLE \* (Mr, Mrs, Ms,  Miss, Dr, etc.) |  |

**\* The name you give on this form will appear on your certificate when you pass the qualification.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please enter home address for the delivery of course material and exam certificate** | | | | | | | | | | | | | |
| Address Line 1 |  | | | | | | | | | | | | |
| Address Line 2 |  | | | | | | | | | | | | |
| Address Line 3 |  | | | | | | | | | | | | |
| Address Line 4 |  | | | | | | | | | | | | |
| Country |  | | | | | | | | | | | | |
| Postcode / Zip Code |  | | | | | | | | | | | | |
| **OTHER INFORMATION** | | | | | | | | | | | | | |
| Daytime Telephone No. |  | | | | | | | | | | | | |
| Date of Birth |  |  | / |  |  | / | |  |  |  |  | (DD / MM / YYYY) | |
| Email address **Mandatory Requirement (\*To enable you to receive**  **your qualification results and award information, as this is**  **sent to your email address)** |  | | | | | | | | | | | | |
| Have you taken a BOHS exam before? |  | Yes ☐ No ☐ | | | | | please tick | | | | |  | If yes, please enter name below, if different to Personal details above: |
| Is this a Re-sit Examination? |  | Yes ☐ No ☐ | | | | | please tick | | | | |  | If yes, please enter re-sit qualification number: |

|  |  |
| --- | --- |
| We collect this data to process your examination and inform you of your examination result. We will also contact you by email from time to time about related training courses and qualifications.  If you would also like to be contacted by email about other relevant BOHS services, including events, conferences and membership offers, please tick this box. ☐  **Declaration**  The information that I have given is correct and complete. I have read the Data Protection Notice and agree that BOHS may use and share my personal information for the reasons stated. I understand that I can withdraw consent at any time and unsubscribe from BOHS’ mailing lists. | |
| Signed: | Date: |

# Data protection notice

## About BOHS

BOHS is a professional society and an awarding body for occupational hygiene qualifications.

## Using your personal information

We need to obtain and hold personal information about you so that we can:

* Administer the marking of your examinations.
* Inform you about your examination results in writing.
* Contact you if we need to discuss your examinations.
* Maintain a unique record of all your examination results.
* Carry out surveys and statistical analysis relating to the training and qualifications.

## Sharing your personal information

Your examinations are marked by individuals working on behalf of BOHS. We obtain and hold your results, and comments about your examination performance, from the markers. The markers will only have access to your name, and no other personal information.

**W Modules only:** When you pass your qualification, we may publish your name, the title of the qualification, the date you passed and your certificate number on the OHTA website at [www.ohlearning.com](http://www.ohlearning.com/).

* We will not disclose any other personal information or the result of your examinations to third parties except:

Your approved training provider.

* On receipt of a written request, to public or professional bodies, service authorities, universities, colleges, your current, past or prospective employer/recruitment agency.
* Any other body if we are required to do so to comply with regulation or law.

## Access to your information

You have the right to request a copy of the personal information that we hold about you. Under current legislation, this does not include your examination script.

## Further information

For further information about how we use your personal information, how we maintain the security of your personal information and how to access the personal information we hold on you, please contact

a Qualifications Officer on 01332 298101 or email [qualifications@bohs.org](mailto:qualifications@bohs.org).

This data protection statement is available to read at any time, as part of our Privacy Policy. This can be downloaded from the BOHS website: [www.bohs.org](http://www.bohs.org/). BOHS’ data subject access policy is also available on the BOHS website.

**The right to withdraw consent.**

You have the right to withdraw consent and to unsubscribe from mailing lists at any time, by contacting the Qualifications Team on 01332 298101 or by emailing [qualifications@bohs.org](mailto:qualifications@bohs.org). This does not include your qualification result, as BOHS is legally obliged to retain this data.