ASSOCIATION OF LASER SAFETY PROFESSIONALS

Application for Membership and for Certification as a Laser Protection Adviser

Name

Address

Telephone

Email

	Please tick
Laser safety is a significant and continuing part of my professional work.	☐
I have been working as a laser safety professional for years (insert number) and have substantial experience and expertise in laser safety covering medical & cosmetic* and non-medical* applications. (* Delete where appropriate)	☐
I wish to apply for Membership of the Association and for certification as a Laser Protection Adviser (medical & cosmetic)	☐
I wish to apply for Membership of the Association and for certification as a Laser Protection Adviser (non-medical)	☐
I agree to abide by the Rules of the Association for as long as I remain a Member.	☐

This form must be accompanied by a detailed CV, which should substantiate the claims you have made above. You may also include additional documentation if you wish, where you believe this could be helpful to the Assessors, but this is not essential and we ask that you keep any additional documentation to the minimum that you consider necessary. Such documentation will not normally be returned to you.

Please give the names of two referees. The referees should, and at least one referee must, have direct personal knowledge of your laser-safety work.

Referee 1:

Name

Position

Address

Telephone

Email .

Please indicate in what capacity you are known to this referee.

Referee 2:

Name

Position

Address

Telephone

Email

Please indicate in what capacity you are known to this referee.

Signed

Date

Please return this form together with a copy of your CV and any other documentation you wish to include, and a cheque for £50.00 made payable to the Association of Laser Safety Professionals, to –

The Association of Laser Safety Professionals
c/o Clinical Physics, Barts Health NHS Trust, LONDON E1 1BB