



APPLICATION FOR THE DEGREE OF MSc/ PG DIPLOMA IN OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT

DEPARTMENT OF BUILDING ECONOMICS
UNIVERSITY OF MORATUWA

| PERSONAL INFORMATION | | | | | | |
|---|----------------------------------|--|-------------------|--------------------------------|---------|---|
| 1. Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms | 2. Name in full (BLOCK LETTERS): | | 4. Date of Birth: | | 7. Sex: | 8. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single |
| | | | YYYY | MM | DD | |
| | | 3. Name with Initials (BLOCK LETTERS): | | 5. Age: | | |
| | | | | 6. National Identity Card No.: | | |
| 9. Home Address | | 10. Official Address | | 11. Contact Address | | |
| | | | | Tel: | | |
| | | | | Tel: | | Mobile: |
| Tel: | | Email: | | Email: | | |

| PREVIOUS EDUCATIONAL QUALIFICATIONS (Please Attach Copies of Certificates and Academic Transcripts) | | | | | | | | |
|---|------------------------------|--------------|---------|---|-----------------------------------|--|--------------|----------------------|
| Note: Academic Transcripts with the Effective Date of the Qualification is COMPULSORY | | | | | | | | |
| 12(a) Degree/ Diploma | 12(b) University / Institute | 12(c) Period | | 12(d) effective Date of Graduation (YY/MM/DD) | 12(e) Mode (Full time/ Part time) | 12(f) Area of Specialization/ Modules Followed | 12(g) Medium | 12(h) Class or Grade |
| | | From YYYY | To YYYY | | | | | |
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| PROFESSIONAL QUALIFICATIONS (Please Attach Copies of Certificates) | | | | |
|---|--------------------------------|-----------------------------|-------------------------------|--|
| Note: Copies of Certificates with Membership Effective / Award Date is COMPULSORY | | | | |
| 13(a) Membership Type | 13(b) Professional Institution | 13(c) Membership Award Date | 13(d) Field of Specialization | 13(e) Membership Obtained Through an Academic Route Yes / No |
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| Details of relevant experience (Starting from the Present) (Please Attach Service Letters) | | | | | |
|--|--------------|----|-------------------|----------------------|------------------------------|
| 14 (a) Organization | 14(b) Period | | 14(c) Designation | 14(d) Nature of Work | 14(e) Gross Salary/ Earnings |
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |

GRADUATE DEGREE / DIPLOMA FUNDING

15. How will you finance your studies? (Please Describe)

REASONS FOR THE STUDY (Attach Extra Sheets if Necessary)

16. Enumerate briefly and precisely as possible, your reasons for enrolling to the M.Sc. / PG Diploma in OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT Degree Programme, your expectations and other information including your personal and career interests which you feel may be useful to the Admission Board in the evaluation of your application

17. Are you registered for any other postgraduate course? Yes No
If "Yes" please give details:

REFEREES

Names and Contact Details of two Non-Related Referees. Use the attached referee report form to provide two references from below mentioned referees under sealed envelope in support of your application.

| | |
|--|--|
| 18(a) Name: Designation: Address: Tel: | 19(b) Name: Designation: Address: Tel: |
|--|--|

DECLARATION OF APPLICANT

19. I declare that I have attached the following documents (Please tick the check box with 'X' and confirm)

- Copies of Degree Certificates
- Copies of Degree Academic Transcripts
- Copies of Professional Qualification Certificates
- Service Letters from Employers
- Two (02) Reports from Non-Related Referees under Sealed Cover
- Copy of Paying-in-Voucher for Application Processing Fee (Rs. 1000)

20. I certify that the above information is true and correct to the best of my knowledge and I accept the decision of the admission board as final in the event my entry to the course is rejected. Copies of certificates are attached.

Date: Signature of Applicant:

NOT TO BE FILLED BY THE APPLICANT

RECOMMENDATION OF THE INTERVIEW PANEL

The interview panel has found that the candidate is / is not eligible and possess / does not possess all the requirements for registration. The panel recommend / do not recommend the application.
Provide reasons, If panel do not recommend the candidate.

Panel Chair: Signature: Date:

REFEREE'S REPORT FORM – IN CONFIDENCE

RECOMMENDATION FOR MSC/PG DIP IN OSH MANAGEMENT STUDY PROGRAMME DEPARTMENT OF BUILDING ECONOMICS UNIVERSITY OF MORATUWA

This report must be filled by non-related referee and handed over to the applicant in a sealed envelope. Applicant must submit two (02) non-related referee reports along with the application form.

| APPLICANT'S DETAILS | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name of the Applicant: | | | | | |
| REFEREE'S DETAILS | | | | | |
| Referee's Name and Title: | | | | | |
| Designation: | | | | | |
| Organisation: | | | | | |
| Address: | | | | | |
| Email: | | Telephone: | | | |
| KNOWLEDGE ABOUT THE APPLICANT | | | | | |
| How long have you known the applicant? | | | | | |
| In what capacity have you known the applicant? | | | | | |
| Please indicate how the applicant relates to the group in which you know him/her. (Please tick the box with 'X') | | | | | |
| Applicant's Ability, Quality and Skills | Outstanding | Very good | Good | Average | Poor |
| (a) Intellectual Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Managerial Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Critical and Conceptual Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Analytical Power and Reasoning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Oral Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Written Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Team Working | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Motivation and Perseverance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| We welcome any other comments you may wish to make that may assist us in assessing the applicant: | | | | | |
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What is your overall recommendation for the applicant to pursue MSc Degree / PG Diploma in Construction Law and Dispute Resolution in University of Moratuwa? (Please tick the box with 'X')

| | | | | | | | |
|----------------------------|--------------------------|-----------|--------------------------|----------------------------|--------------------------|------------------|--------------------------|
| Recommend Enthusiastically | <input type="checkbox"/> | Recommend | <input type="checkbox"/> | Recommend with Reservation | <input type="checkbox"/> | Do not Recommend | <input type="checkbox"/> |
|----------------------------|--------------------------|-----------|--------------------------|----------------------------|--------------------------|------------------|--------------------------|

Signature of the Referee: **Date:**

PLEASE RETURN THIS REPORT TO:

Programme Coordinator-MSc/PG Dip. in Occupational Safety and Health Management
Department of Building Economics
University of Moratuwa
Moratuwa 10400.