

Eligibility Requirements Form

Certified Functional Safety Application Expert – SGS-TÜV Saar



To ensure that you can meet the course /exam requirements please complete this form and return to tobeth.peaker@sick.co.uk

Date and location of course/exam applied for:

Location: [St Albans](#)

Date of course /exam

Contact details

Full name

As you would like it to appear on your Certificate

Phone no.

Job Title

Email

Company name

Postcode

Address

Section 1: Functional Safety Experience

Please outline all work experience that demonstrates your involvement and competence in Functional Safety practice. This should show how you meet the following requirements:

- In-depth knowledge of machine safety applications
- 3-5 years of professional experience in functional safety
- Existing working knowledge of functional Safety Standards and best practices
- Comprehensive knowledge of regulations: ISO 13849, IEC 61508, IEC 62061
- Experience and understanding in the field of functional safety management
- Practical experience in the quantification of PL and SIL

Job title/position	Company	Number of months experience
Description of duties /related experience		

Job title/position

Company

Description of duties /related experience

Number of months experience

Job title/position

Company

Description of duties /related experience

Number of months experience

Job title/position

Company

Description of duties /related experience

Number of months experience

Section 2: Knowledge of Safety Standards

This course is a review for experienced individuals. It is not an introduction to the concepts of functional safety therefore you will need comprehensive knowledge of current Safety Standards.

Please tick which of the following Standards / Regulations you have in-depth understanding of:

EN ISO 13849-1:2015-12	Machinery Directive 2006/42/EG
EN ISO 13849-2:2012-10	Practice in calculations of PL & SIL
IEC 62061:2015-08	

Section 3: Education and Training in Relevant Fields

Highest level of Qualification achieved: Degree or Vocational Certificate / Diploma

College or University attended

Date

CPD: Please list any other relevant professional training or qualifications including dates

I certify that the above information is correct and accurate to the best of my knowledge

Please note if you do not meet the qualification requirements, you will need to provide a letter from your employer confirming the experience gained.

Section 4: Use of my data

If you register for certification, we will transfer your data to SGS-TÜV Saar GmbH.

I hereby grant SICK AG permission to use my contact data for the sole purpose of providing me with certificate related information (e.g. certificat expiration and renewal options).

I agree that my name, my certificate number and the title of the certificate may be displayed on the websites of company SICK AG.

Name

Signature

Date