

New Welding Examiners Application Form

Please complete the details required and return the form to us:

SummitSkills, Vega House, Opal Drive, Fox Milne, Milton Keynes, MK15 0DF

Please note: All Examiners must possess a current Welding Competency awarded by Engineering Services SKILLcard.

1 Name:

2 Present Employer:
(name & address)

Telephone Number:

Email:

3 Address for correspondence:
(if different from above)

Telephone Number:

a) Current ESTTL/NJIC Certification Held: (tick as appropriate)	YES	NO
Metal-Arc	<input type="checkbox"/>	<input type="checkbox"/>
Oxy-Acetylene	<input type="checkbox"/>	<input type="checkbox"/>
MIG	<input type="checkbox"/>	<input type="checkbox"/>
TIG	<input type="checkbox"/>	<input type="checkbox"/>

b) Other certificates held (please attach copies of all certificates):
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4 Teaching or instructing experience in welding subjects – please give details:

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5 Examination experience in welding for National Joint Industrial Councils, City & Guilds of London Institute, Insurance Companies or Contracting Companies:

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6 Industrial Experience in welding subjects – please give details:

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Signed: Date:

7 Employer Referee:

I certify that I have known..... for the past years and regard him/her as a suitable person to act as an examiner in welding.

I would*/would not* be prepared to release him/her during business hours to attend examinations. (*delete as appropriate)

Signed:

Print Name:

Name of organisation and position held (Principal/Head of Department/ Manager etc)

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Date: