

SummitSkills Welding Test (existing welding test examiners) Application form to extend welding disciplines

Please complete the details required and return the form to Linda Briggs at:

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

1 **Name:**

2 **Present Employer:
(name & address)**

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.....

Telephone Number:

EMail:

3 **Address for correspondence:
(if different from above)**

.....
.....

Telephone Number:

Please indicate the **extra welding discipline/s** you wish to obtain: (tick as appropriate)

- | | |
|---------------|--------------------------|
| Metal-Arc | <input type="checkbox"/> |
| Oxy-Acetylene | <input type="checkbox"/> |
| MIG/MAG | <input type="checkbox"/> |
| TIG/TAG | <input type="checkbox"/> |

a) **Certificates held in the additional welding discipline/s - please list and attach a photocopy of all certificates:**

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4 Teaching or instructing experience in the additional welding discipline/s – please give details:

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5 Industrial experience in the additional welding discipline/s – please give details (attach CV if space provided is insufficient):

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6 Declaration

I confirm that to the best of my knowledge and belief all the statements and information given in this form are true and complete. I understand that if I have failed to disclose information, or have given incorrect information this may result in the approval of the additional welding disciplines being withdrawn.

Signed: **Date:**

Print Name: