

APPLICATION FORM TO EXTEND WELDING DISCIPLINES

YOUR DETAILS

Your Name:

Name & Address of
Current Employer:

Telephone Num:

Email Address:

Correspondence
Address:

Correspondence
Telephone:

CERTIFICATES AND EXPERIENCE

Please indicate the additional
welding disciplines you wish
to obtain:

Metal-Arc

Oxy-Acetylene

MIG/MAG

TIG/TAG

Please provide details of
certificates held in the additional
welding discipline/s applied for.
Please also provide copies of all
certificates:

Please provide details of teaching
or instructing experience in the
additional welding discipline/s
applied for:

Please provide details of Industrial
experience in the additional
welding discipline/s applied for.
Please attach your CV if the space
provided is insufficient:

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or have given incorrect information, this may result in the approval of the additional welding disciplines being withdrawn.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:

PLEASE SEND YOUR COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

BESCA Ltd
Old Mansion House
Eamont Bridge
Penrith
Cumbria
CA10 2BX

Tel: 01768 860457

Fax: 01768 860401

Website: www.besca.org.uk

Email: info@besca.org.uk

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