

NEW WELDING EXAMINERS APPLICATION FORM

YOUR DETAILS

Your Name:

Name & Address of
Current Employer:

Telephone Num:

Email Address:

Correspondence
Address:

Correspondence
Telephone:

CERTIFICATES AND EXPERIENCE

Please indicate your
current ESTIL/NJIC
Certification held:

Metal-Arc

Oxy-Acetylene

MIG/MAG

TIG/TAG

Please provide details of other
certificates held. Please also
provide copies of all certificates:

Please provide details of teaching
or instructing experience in welding
disciplines:

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

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or have given incorrect information, this may result in the approval of the additional welding disciplines being withdrawn.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

EMPLOYER REFEREE:

I certify that I have known the above applicant for ____ years and regard the applicant as a suitable person to act as a welding examiner.

I would I would not be prepared to release the applicant during business hours to attend examinations (check appropriate box)

Signed:

Date:

Print name:

Organisation:

Position held:

PLEASE SEND YOUR COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

BESCA Ltd
Old Mansion House
Eamont Bridge
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