APPENDIX 1

INTERNATIONAL AUTHORISATION BOARD

INTERNATIONAL INSTITUTE OF WELDING

The IIW Scheme for the Education, Examination and Qualification of Welding Personnel

Application Form for an Organisation wishing
to become an ***Approved Training Body***

in respect of the IIW Scheme in accordance with_____**WeldNAM**_____ rules

Please complete the form in **BLOCK CAPITALS** or **TYPESCRIPT**

Please enclose **ONE SET** of the documentation requested with the completed form.

A list of relevant current IAB documents is available on request and the documentation should be referred to before submitting the application.

APPENDIX 1

1. Name of applicant Approved Training Body

....

Address……..... ....

…… ....

Name of Contact Person…….. ....

Telephone number……..... ....

Email address.…….....

2. Legal Structure of the ATB

What type of organisation is the prospective ATB (e.g., limited company, independent body etc)?
....

Provide copies of documents, which define the ATB legal status and its functions, organisation and management.

3. Scope of Approval sought

List below the education leading to the award of an IIW Diploma for which approval is sought (e.g., International Welding Engineer), and also the relevant key words for defining the scope (see OP-11, Appendix 2):

....

....

4. Documentation

Provide the Quality Manual for the ATB or any other documentation that includes the complete description of ATB activities regarding general organization and responsibilities, facilities and their maintenance, teaching staff and their continuous training, etc.

APPENDIX 1

5. Declaration

I declare that the information on this form and any other information given in support of this application is correct, to the best of my belief. I have read the Rules for ATBs issued by ***WeldNAM*** and undertake to ensure that the applicant ATB I represent will abide by these requirements if granted approval by the WeldNAM.

Signed. .....
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....

Responsible of prospective ATB.....
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.....

Date……..... ....

6. Return the form and attachments to:

University of Namibia, 340 Mandume Ndemufayo Avenue,
Pioneerspark, Windhoek, Namibia
Private Bag 13301, Namibia

APPENDIX 2

APPLICATION FOR AN ATB SEEKING APPROVAL OF COURSES

APPLICATION FORM

This application is for approval of a specific type of course in accordance with IIW Guideline No. ..... leading to a Diploma of International ……

GENERAL

1. Name of organization …. ....

2. Title of course and reference number (if any) …….....

   .....

3. When shall the course first be held? .....

   .....

4. If a new course, what experience do you have in running similar courses?

   .....

   .....

   .....

   .....

5. What is the nature of the document issued at the end of the course:.....

   .....

   .....

   .....

6. How is student's performance currently assessed:.....

   .....

   .....

APPENDIX 2

7. Title(s) of course literature issued a) before, b) during the course:

a) .....

.....

.....

b) .....

.....

LECTURERS, TUTORS AND INSTRUCTORS (SPECIFIC TO THIS COURSE)

.....

.....

.....

8. Lecturers, tutors and instructors (please complete a) to h) for each additional person on separate sheet of paper if necessary.

a) Name .....

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.....

.....

b) Status (permanent employee, consultant, guest tutor etc) .....

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APPENDIX 2

c) Nature of duties (subjects covered and hours) .....

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d) Professional qualifications and registrations .....

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e) Relevant background experience (with dates) .....

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APPENDIX 2

f) Approvals (with dates) .....

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g) Details of formal training in lecturing (with dates) .....

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h) How long has he/she been employed in this role? .....

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APPENDIX 2

PROVIDE A LIST AND DETAILS OF ALTERNATIVE INSTRUCTORS SHOULD THE DESIGNATED INSTRUCTORS BE UNAVAILABLE

8. Address of permanent establishment ……

……..

....

....

....

....

9. General description of premises for:

a) Lectures……..

……

b) Practical work ....

....

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....

10. Audio visual equipment ....

....

....

....

....

11. Capacity (number of students) ....

....

APPENDIX 2

12. Is this course ever held outside the permanent establishment? If yes, give details on a separate sheet, corresponding to Nos. 8-11 above for each venue. YES/NO

13. Is the course run in collaboration or jointly with any other establishment? YES/NO

If yes, state which establishment accepts overall responsibility for the course (joint responsibility not acceptable).

a) Responsible organisation .....

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.....

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b) Name and address of collaborator .....

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c) Contact .....

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Please supply on separate sheet answers to Nos. 8-11 in respect of this establishment.

APPENDIX 2

14. Responsible Person for the course

a) Name of person responsible for the conduct of the course.

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b) Is he/she engaged full time during the course? YES/NO

If not, give details .....

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c) Professional qualifications, certifications, approvals and registrations:

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APPENDIX 2

d) Relevant background experience (with dates) ....

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f) Details of formal training in lecturing (with dates)

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g) How long employed in this role?

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15. General comments which you consider may be relevant .....

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APPENDIX 2

16. Name of Head of Training Organisation:

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On behalf of the organisation named below, I hereby wish to apply for approval of the course described in this questionnaire. I confirm that we will abide by the conditions of approval set out in Document No.

.....
, latest revision.

Organisation .....

.....

.....

.....

Address .....

.....

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Signature…….. Date……