

Application form for international welding personnel qualification

(considered as an order)

Fill in application form and confirm by signature and stamp!

Qualification level	Standard route	IWIP -C -S -B IWS RWC -S
	Distance (blended) learning	DL (BL) – IWE IWT
Headquarters of Implementation		Ljubljana Maribor

Surname and name			
Date of birth		Place of birth	
Home address, postcode and place			
Mobile phone		E-mail address	
Education		Level of education (EQF)	III. IV. V. VI. VII. VIII.
Education attained at the institution (title)		Date of issue of the certificate	

Information about previous employment and the performance of works		
Period	Employer	Workplace and description of experience

Attachments *	
European / international diploma of welding coordinator	* required for IWIP
Curriculum Vitae with proof of past performance of tasks of welding coordinator	* required for IWIP, RWC
The certificate of educational attainment	* required for IWE, IWT, IWS, RWC
Welding certificates	* to shorten practical training

With the signature I guarantee for the credibility of data and the annexes and agree to the terms set out in the annex and on the website of the Welding Institute:

_____	_____	_____
Place	Date	Signature of candidate

Name of the employer			
Address, postcode and place of the employer			
Telephone number		VAT number	

Confirmation of the employer in case that it will be payer of specialization. With the signature employer agrees with conditions of education listed on the website of the Welding Institute:

_____	_____	Stamp
Place	Date	Signature of authorized person

ANNEX:**Terms on the correct use of diplomas**

1. Education of welding staff is carried out according to the rules of the International Institute of Welding (IIW) and European Welding Federation (EWF).
2. Use of diplomas is regulated by international or european standards to ensure the quality of welding works.
3. Holders of international and european diplomas are responsible for the proper use thereof.
4. In the event of misuse or any change in the content has publisher, ANB Slovenia - Slovenian Welding Society, right to cancel issued diploma.

Consent for collecting personal data

By signing this application, you agree that personal data is stored and processed solely by the Institut za varilstvo d.o.o. and will not be transmitted to third parties. By signing, you further expressly agree that the Institut za varilstvo d.o.o. processes personal data for the purpose of informing about the current programs of education and certification, certificates expiration, novelties in the field of expertise and about events in the organization of the Institut za varilstvo d.o.o.

By signing, you agree that you are aware that you may request access and correction, blocking, deleting or restricting the processing of personal data or submitting an objection to the processing and transferability of your personal data, by written notice to the Institut za varilstvo d.o.o., Ptujška ulica 19 , 1000 Ljubljana or by e-mail info@i-var.si.

Completed by ATB

The application form contains all necessary information. All required attachments are supplied. The applicant on the basis of the information provided and enclosures meet the entry requirements.

Place_____
Date_____
Name and Surname_____
Signature**Completed by ANB**

The candidate fulfills requirements for entry into the course for program: _____

Comments: _____

ANB Chief Executive: _____

Signature