



The Indian Institute of Welding-ANB
Authorised Nominated Body of the International Institute of Welding in India
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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 Welding.....

GENERAL

- 1. Name of organisation
2. Title of course and your reference number (if any) ...
3. Overall duration of course (working days).....
4. Number of hours instruction:
Lectures..... Practical..... Tutorial
5. Is the course specific to IIW requirements? YES/NO
If not, give details of the amount of time devoted to these requirements:
6. What are the entry requirements (i.e. qualifications and experience of student) for the course?
Qualifications.
Experience.....
7. When was the course first held?
8. If a new course, what experience do you have in running similar courses?
9. What is the nature of the diploma or similar document issued at the end of the course:.....

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

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

a).....

b).....

LECTURERS, TUTORS AND INSTRUCTORS (SPECIFIC TO THIS COURSE)

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

.....

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

If not, give details

.....

c) Professional qualifications, certifications, approvals and registrations:

.....

.....

d) Relevant background experience (with dates)

.....

e) Approvals (with dates)

.....

.....

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

.....

.....

g) How long employed in this role?

.....
.....

13. Other relevant lecturers, tutors and instructors (please complete a) to h) for each additional person on separate sheet of paper if necessary.

a) Name

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

.....

c) Nature of duties (subjects covered and hours)

.....

d) Professional qualifications and registrations

.....

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

.....

.....

f) Approvals (with dates)

.....

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

.....

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

.....

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

14. Address of permanent establishment

.....

.....

15. General description of premises for:

a) Lectures

.....

b) Practical work

.....

16. Audio visual equipment

.....

17. Capacity (number of students)

18. Is this course ever held outside the permanent establishment? If yes, give details on a separate sheet, corresponding to Nos. 14-17 above for each venue. YES/NO

19. 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

b) Name and address of collaborator

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.....

c) Contact

Please supply on separate sheet answers to Nos. 14-17 in respect of this establishment.

20. General comments which you consider may be relevant
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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 issue.

Organisation ..

Address ..

.....

SignatureDate.....