



CANDIDATE APPLICATION

INSTRUCTIONS: Complete the application form, attach supporting documentation and submit to the CWB.

1. DIPLOMA REQUESTED

- International Welding Engineer
- International Welding Technologist
- International Welding Specialist
- International Welding Practitioner

1.1 Are you currently attending courses at an Approved Training Body? No Yes

1.2 Have you completed courses at an Approved Training Body: No Yes

1.3 Please indicate the name of the Approved Training Body: _____

1.4 I wish to apply for: Access Transition

2. PERSONAL INFORMATION

Last Name First Name Middle Initial

List Company Name ONLY if address is Company Address Company Address if different from below

Street Apt. #

City Province Postal Code

Home Telephone: (Country Code) Area Code & Number Work Telephone: (Country Code) Area Code & Number

Fax Number: Area Code & Number

E-Mail Address

P. Eng. or CET Registration #									

Country

3. QUALIFYING WORK EXPERIENCE (All Transition Candidates Only)

NOTE: YOU MAY SUBMIT YOUR RESUME BUT THIS SECTION NEEDS TO BE COMPLETED. You are required to demonstrate your work experience in the field of welding. If you have held more than one position with the same employer, list each position, including dates, on a separate line in Part B. Complete a work experience form for each employer, listing your present or most recent employer first.
MAKE AS MANY COPIES OF THIS FORM AS NEEDED.

WORK EXPERIENCE FORM					Form	of	
A. EMPLOYER:							
Company Name: _____		Dept./Division: _____		E-Mail: _____			
Supervisor/Point of Contact: _____			Tel. No.: _____				
P.O. Box/Street No. _____							
City: _____		State/Province: _____		Country: _____		Zip/Postal Code: _____	
						For ANB Staff Use:	
B.	Job Title	FROM		TO		Total # of years here	Total years recognized
		Month	Year	Month	Year		
Primary product or service at this employer: _____							
C. Experience Requirements:							
<ul style="list-style-type: none"> • Check the box(es) below which best describes your main experience(s). • Indicate the type of activity or function most closely related to your duties, (safety, design, metallurgy, welding/cutting/joining process, QA/QC). 							
Sample.....							
<input checked="" type="checkbox"/>	Manufacturing	<i>Welding QA, designed welder qualification program, designed supplier qualification system.</i>					
	Manufacturing						
	Fabrication						
	Construction						
	Research & Development						
	Training						
E. Give a brief description of your activities and experience as they relate to the functions and activities of the holder of the diploma requested.							

4. EDUCATIONAL BACKGROUND (All Access and Transition Candidates)

<p>A Circle the highest grade and years attended at each level:</p> <p>1. Grade and secondary school (including vocational): 7 / 8 / 9 / 10 / 11 / 12</p> <p>2. After secondary school: Trade or Technical Vocational: 1 / 2 / 3 / 4</p> <p>3. College 1 / 2 / 3 / 4 More than 4</p> <p>4. University B.Sc./BASC/Masters/PhD</p>	<p>B Complete the following if you graduated secondary school or earned a secondary school equivalency diploma.</p> <p>1. Date of Graduation/Issue: _____</p> <p>2. Name of City and School/Issuing Agency: _____ _____</p>
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List education below. **You must attach supporting documentation** (e.g., copies of transcripts, diplomas, course descriptions, etc.). For Access Candidates, if you have not yet graduated, please indicate the expected date of graduation.

Name and Address of Institution	DATES				Course of Study	If graduated, check one:
	FROM	TO	TO	TO		
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma

5. CONTINUING EDUCATION (Transition Only)

Please indicate below the courses that you have completed. Please attach certificates of completion and course syllabi for each course claimed.			
Course Title	Hours	Date Course Started	Date Course Completed

**6. PROFESSIONAL ENGINEER (P. Eng.) in Welding Engineering or CET STATUS
(Transition Route Only)**

Please provide information about your P. Eng. or CET:

A. Licence Number: _____

B. Issue Date: _____

Please attach a copy of your license to this application.

7. DECLARATION (All Access and Transition Candidates)

I certify that the information I have included on this application and the letters submitted are true; I understand that any false statement will nullify this application; I give CWB acting as the Canadian ANB permission to verify this information; I agree to comply with the provisions set forth in the IIW Guideline concerning the administration of my examination and award of diploma.

Notification of Misuse of Diploma

In the case of wrong information or falsification of documentation being provided on the application and in individual's file, the diploma will be withdrawn and legal action may be taken. The diploma holder is responsible for the correct use of the IIW diploma. Any cases of misuse of IIW diplomas by individuals or third parties discovered by the ANB may be dealt with, for example, by reporting it to legal authority, publishing the facts of the case, recalling the diploma, etc.

Signature: _____ Date: _____

Failure to supply the necessary information will necessitate return of this Form and delay the processing of the application.

8. FEES

IIW Diploma issued under Transition Arrangements

\$545.00 + HST

Payable upon submission of Application

ATB Student Examination and Diploma Fee

\$365.00 + HST

Payable upon ATB request for examinations

NOTE:

Application received without the fee will not be reviewed.

Should the candidate not be eligible, the fee will be refunded less a \$100.00 service charge.

9. EMPLOYMENT VERIFICATION (All Transition Candidates Only)

Name: _____

Applicant, please enter your name and then forward to your supervisor for completion. Make as many copies of this form as necessary so each employer may use it to demonstrate your years of experience. These forms **must** accompany your application.

Dear Supervisor:

_____ has applied to receive a diploma as an IIW International

Technologist Diploma

(Insert Diploma Title)

By making this application, he/she has stated that they have worked for you performing duties considered within the scope of welding as checked below. This work experience is defined as one or more of the following and has been described by the applicant in the body of their application:

- Manufacturing.** Experience shall consist of the design, application, or operation of welding lines or cells for the manufacture of welded products such as automobiles, appliances, welded pipe, or other welded standard products.
- Fabrication.** Experience shall consist of the design, application, or operation of welding facilities that fabricate welded products. Fabricated products may be covered by national, customer, or internal standards or specifications.
- Construction.** Experience shall consist of design on welding construction or projects such as buildings, pipelines, ships, plants and power generation facilities, etc., application or operation of welding facilities that fabricate welded products.
- Research and Development.** Experience shall consist of research and development to enhance welded products or processes, welding materials, manufacturing, fabrication, field erection of welded products or the design of welding manufacturing systems.
- Training.** Experience shall consist of the instruction of courses in various welding topics or related technologies.

Period of Employment:

Job Title	Start Date	End Date
Job Title	Start Date	End Date

Company Name: _____ Dept./Division: _____

P.O. Box/Street No. _____ Company E-Mail: _____

City: _____ Province: _____ Postal Code: _____ Tel. No: _____

Comments:

I verify that _____
is/was employed by this company and does/did carry out the described principal duties during the employment period(s) indicated on this application.

My Name is: _____ My Job Title is: _____

Signature: _____ Date: _____

For verification you may contact me by: phone: _____ during these hours _____
 or by email (if different from above)