



No 3 Science Park Drive
Singapore Science Park 1
The Franklin #02-12/25 Suite 20
Singapore 118223
Tel: (65) 6779 7706 Fax: (65) 6464 0186

Candidate Application Form

PART 1. CANDIDATE'S PERSONAL DETAILS

Family Name:		Given Name:	
Full Address (including post code)			
Telephone Number		Fax Number	
Email Address		Date of Birth (dd/mm/yyyy)	

PART 2. CURRENT EMPLOYMENT DETAILS

Employer's Name and Address (including telephone, fax and post code)	
Candidate's position in the organization	Employment status (employed or self employed)

PART 3. PRE-CERTIFICATION EXPERIENCE

*Experience is not an essential pre-requisite for examination. However if such evidence is available at the time of examination, it should be provided to SWS

Claimed duration of experience in applying welding knowledge under supervision (enter number of months or weeks)	
Name, address an telephone number or email address of person who can verify experience claimed	

PART 4. PRE-CERTIFICATION TRAINING

Attach evidence of satisfactory completion eg approved welding training course

Name of Training organization and title /reference of relevant training course:	
Date of course (from/to)	

PART 5. EDUCATIONAL/ACADEMIC KNOWLEDGE

Name of Institution	Country	Description of Dip/Degree/Post Graduate	Year

PART 6. EXAMINATION APPLIED FOR (check availability before completing)

Tick in the appropriate box

1. International Welding Engineer (IWE)	
2. International Welding Practitioner (IWP)	
3. International Welding Inspection Personnel (IWIP)	

PART 7. PAYMENT

Name and address for invoice (if different from candidate's) including telephone/fax numbers
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Application form and examination fees are to reach SINGAPORE WELDING SOCIETY. No 3 Science Park Drive Singapore Science Park 1. The Franklin #02-12/25 Suite 20 Singapore 118223 before the closing date.

All Cheque should be made payable to "Singapore Welding Society". Overseas participants are to pay in Singapore Dollar bank draft only. For payment made by Telegraphic Transfer, please add S\$_____ towards administrative and bank charges.

Transfer or any changes must be notified in writing before the closing date. Cancellation received after the closing date will be subjected to a service charge of S\$_____per candidate.

In case of unforeseen circumstances, SWS reserves the right to postpone or cancel the examination and full registration fees will be refunded accordingly.

PART 8. CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

CANDIDATE'S FULL NAME:.....

IDENTIFICATION CARD/PASSPORT NUMBER.....

I declare that the information provided by me is true and accurate. I understand that, in the event of a false Statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor

I consent and understand that SWS will hold and use personal data supplied by me for administration purposes. The data may also be used to send separate mailings containing details of events, new services, products, etc

Signature:.....

Date:.....

Attach

- 1. Vision test certificate (applicable for candidate sitting for IWIP exam)
- 2. Evidence of experience
- 3. Evidence of training
- 4. Correct examination fees

Bring

- 1. 2 passport photographs
 - 2. Copies of academic records
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PART 9. VERIFICATION OF CANDIDATE'S STATEMENT BY THE SPONSOR, EMPLOYERS OR IF THE CANDIDATE IS SELF EMPLOYED, A REFEREE

To the best of my belief, the candidate's statement given above is correct at the time of signing

NAME:.....

SIGNATURE:.....

COMPANY:.....

TELEPHONE:.....

PART 10. FOR OPTIONAL USE BY SWS

EXAMINATION DATE:.....

EXAMINATION VENUE:.....

EXAMINER:.....

MODERATOR:.....

PAYMENT RECEIVED:.....

RESULT REFERENCE:.....

EXAMINATION FILE COMPLETE CLOSED (initials/date):.....