**Application for AWI Welders Certificate to AS 1796**

**Certificate 1 to 9**

I apply for Certificate/s No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert the number of the certificate/s).

I am a member of the AWI ❑ YES ❑ NO (please tick your answer) AWI Membership Number: \_\_\_\_\_\_

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House/Unit №: \_\_\_\_\_\_\_\_\_ Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ \_\_Postcode:\_\_\_\_\_\_\_\_\_\_

Home Phone№:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone№:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number from RTO / Training Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see academic record)

Applicants signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: By signing this document you give the AWI the permission to contact any relevant party to verify the validity of any documentation you supply to support the application

|  |  |  |
| --- | --- | --- |
| **Payment Method**  **(Tick one)** | ❑ Electronic Transfer (attach receipt) | ❑ Bank Cheque / Money Order – (crossed and made payable to Australian Welding Institute Ltd) |

**I enclose:**

1. The documentary evidence which supports my application (See document AWI/EC/AS1796-001 for details of the information that is required)

2. The appropriate fee for the examination as specified in the Schedule of Fees: $\_\_\_\_\_\_\_\_ (Please enter the amount).

3. The appropriate I submit the name and telephone of a referees who can confirm that the information that I have given is correct.

Referee’s Name and Position :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone№:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referee’s Name and Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone№:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **This application together with the evidence and the fee is to be posted to the address shown** | AWI Education and Certification Committee  PO Box 1140, Golden Grove, SA, 5125 |

**For direct payment:**

Account: **Bank**: ANZ, **Account**: Australian Welding Institute Ltd **BSB**: 015-249 **Account Number**: 396565912

Remittance must be included with application

**For Office Use**

|  |  |  |
| --- | --- | --- |
| **Application fee received** | **Application Approved** | **Unique Certificate Number** |
|
|  |  |  |

**Application for AWI Certificate - Employer's Statement**

I certify that:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please enter the applicants name). has had the following experience (note 1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Periods in which applicant gained welding experience (give dates)** | **Objects welded** | **Materials** | **Thickness mm (note 2)** | **Pipe diameter mm (note 2)** | **Types and Positions of welds (note 3)** | **Welding process** |
|  |  |  |  |  |  |  |
| **Note 1:** Welding Experience gained in work which includes joints, materials and thickness not differing greatly from the practical tests specified in AS 1796 will be considered satisfactory  **Note 2:** List significant thicknesses and diameters used in each object welded  **Note 3:** State if the welds were butt, fillet circumferential, horizontal, vertical, overhead etc. | | | | | | |

Employers Referee /Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone№:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_