**日本溶接協會銲接工程師證照班**



 訓練課程： 2020年5月12-16日 考試：2020年6月20日

地點: 高雄市國際會議中心

(報名截止日期：2020年2月25日)

**銲接工程師(WE)-申請表**

\*請以中文正楷字體填寫

|  |  |  |
| --- | --- | --- |
| 申請者姓名請填入與護照一致的姓名 |  | 先生 ( )女士 ( ) |
|  |
| 生日 | 日/月/年 / /  | 年齡 |  |
| 公司名稱 |  |
|  |  | □ 台灣廠商□ 國外廠商 |
| 部門 / 組 |  | 職稱 |  |
| 公司地址 |  |
| 營業範圍 |  |  |
| 工作描述:請填寫你過去及現在工作與銲接工程的關聯性 | 服務年資 | 工作描述 |
| 起 | 迄 |
|  |  |  |
|  |  |  |
|  |  |  |
| 你目前有關銲接工程之問題 |   |
| 公司電話 |  | 公司傳真 |  |
| 電子郵件 |  |
| 住家地址 |  |
| 住家電話 |  | 行動電話 |  |

工作記錄

|  |  |  |
| --- | --- | --- |
| 機構名稱 | 服務年資 | 工作描述:請填寫與銲接工程相關之工作經驗 |
| 起 | 迄 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*最好能提供履歷詳細說明工作經驗。

教育背景 (請檢附學歷證明文件)

|  |  |  |
| --- | --- | --- |
| 專科以上學歷 | 期間/年 | 主修範圍/主題 |
| 起 | 迄 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*請檢附最高學歷證書影本。

語言能力

|  |  |
| --- | --- |
| 英語 | 能力等級 |
| ( ) | 能夠參加討論  |
| ( ) | 完全可以跟上授課 |
| ( ) | 大致可以跟上授課 |
| ( ) | 可以交談 |
| ( ) | 無法理解 |

過去參加訓練經歷

|  |  |  |
| --- | --- | --- |
| 訓練名稱 | AWE ( ) | 其他 ( ) 訓練名稱 |
|  |  |  |
|  |  |  |

在台灣舉辦的AWE 證照考試

|  |  |  |  |
| --- | --- | --- | --- |
| 你參加過AWE課程? |  | 你是否通過考試? | 考試時間: 月/年 |
| ( )是 | ( )否 | 如回答 “是” -> | ( )是 | ( )否 | / |

其他檢定 (與銲接工程相關, 例如 AWS, IIW 等)

|  |  |
| --- | --- |
| 名稱 | 月/年 |
|  |  |
|  |  |

我以此表申請參加WE課程，我身心健康狀況足以應付這五天的課程，我聲明此表所填寫資料正確無誤。

申請者簽名:

姓名: 日期:

申請者上級主管認可&簽名:

(簽名)

姓名: 職稱:

日期: 蓋章:

\*申請者上級主管認可&簽名是強制要求。

\*台灣銲接協會保留變更日期、地點和課程內容的權利。

\*針對未按期限完成繳款的申請者，台灣銲接協會保留拒絕的權利。

**The Training Program for Welding Engineers of JWES in Taiwan**



**Welding Engineer (WE) Level**

Date：Training: 12th-16th May 2020, Examination: 20th June 2020

Venue: Kaohsiung

(Closing Date：25 Feb. 2020)

**WE-Application Form**

\*Please write the name of applicant in block letters.

|  |  |  |
| --- | --- | --- |
| Name of the applicantPlease fill in the samename as a passport |  | Mr. ( )Ms. ( ) |
|  |
| Date of Birth | Day/Month/Year / /  | Age |  |
| Name of Company |  |
|  |  | □ Taiwan□ Foreign |
| Department /Section |  | Position |  |
| Company Address |  |
| Business Field |  |  |
| Job DescriptionPlease describe briefly your past & presentwork related to welding engineering fields in your company | Years of service | Job Description |
| From | To |
|  |  |  |
|  |  |  |
|  |  |  |
| Problems related to welding engineering fields you are mow facing |   |
| Office Phone |  | Office Fax |  |
| e-mail |  |
| Home address |  |
| Home Phone |  | Mobile Phone |  |

Employment record

|  |  |  |
| --- | --- | --- |
| Name of Organization | Years of service | Job descriptionPleased describe briefly your experienceRelated to welding engineering fields |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The submission of curriculum vitae showing the detailed job experience is preferable.

Educational background (Please attach your academic credentials)

|  |  |  |
| --- | --- | --- |
| Institution | Period/Years | Main Areas/Subjects |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*The copy of diploma showing the final academic background shall be attached and is mandatory requirement.

Language ability

|  |  |
| --- | --- |
| English | Ability level |
| ( ) | Able to join debate completely  |
| ( ) | Able to follow lecture completely |
| ( ) | Able to follow lecture mostly |
| ( ) | Able to converse |
| ( ) | Do not understand |

Past Training Experience in Taiwan

|  |  |  |
| --- | --- | --- |
| Training Title | AWE ( ) | Other ( ) Title |
|  |  |  |

Associate Welding Engineer (AWE) Examination in Taiwan

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever taken the AWE |  | Did you pass the exam?Exam? | Month/year of the exam |
| ( )Yes | ( )No | If “Yes”-> | ( )Yes | ( )No | / |

Other qualifications (related to welding engineering, e. g. AWS, IIW, etc. )

|  |  |
| --- | --- |
| Title | Month/year |
|  |  |

I hereby would like to apply for the above program. I am physically and mentally fit to attend all the programs in 5 days course I would like to declare that all the information on this form is tree and complete.

Signature of Applicant:

Name: Date:

Applicant’s Superior’s Approval & Signature:

(Signature)

Name: Position:

Date: Stamp:

\* The Applicant’s Superior’s Approval & Signature is mandatory requirement.

\*TWS reserves the right to change the date, venue & program as deemed fit with or without prior notice.

\*TWS reserves the right to reject a participant without full payment.