



APPLICATION FOR AN ATB SEEKING APPROVAL OF COURSES

This application is for approval of a specific type of course in accordance with IIW Guideline No. leading to a Diploma of International

GENERAL

1. Name of organisation
2. Title of course and reference number (if any)
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3. When shall the course first be held?
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4. If a new course, what experience do you have in running similar courses?
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5. What is the nature of the document issued at the end of the course:.....
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6. How is student's performance currently assessed:
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.....
7. Title(s) of courses literature issued a) before, b) during the course:
a)
.....
.....
b)
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LECTURERS, TUTORS AND INSTRUCTORS (SPECIFIC TO THIS COURSE)

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8. Lecturers, tutors and instructors (please complete a) to h) for each additional person on separate sheet of paper if necessary.

a) Name.....

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

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c) Nature of duties (subjects covered and hours).....

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d) Professional qualifications and registrations.....

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11. Audio visual equipment

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12. Capacity (number of students)

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13. Is this course ever held outside the permanent establishment? If yes, give details on a separate sheet, corresponding to Nos. 8-11 above for each venue. YES/NO

14. 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

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b) Name and address of collaborator.....

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c) Contact

Please supply on separate sheet answers to Nos. 8-11 in respect of this establishment

15. Responsible Person for the course

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) Details of formal training in lecturing (with dates)

f) How long employed in this role?

16. General comments which you consider may be relevant.....



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17. Name of Head of Training Organisation

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On behalf of the organization 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 revision.

Organisation.....
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Address
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SignatureDate.....