



Application for an Organisation wishing to
become an Approved Training Body

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Welding Institute of Thailand



Authorised National Body of the International Institute of Welding in Thailand
King Mongkut's University of Technology North Bangkok
1518 Pracharat 1, Wongsawang, Bangsue, Bangkok 10800 Thailand
E-mail: welding@kmutnb.ac.th, website: wit.kmutnb.ac.th

APPLICATION FORM
for an Organisation wishing to become an
Approved Training Body (ATB)
In accordance with National ANB-Thailand Rules

Please complete the form in **BLOCK CAPITALS** or **TYPESCRIPT**

Please enclose **ONE SET** of the documents is available on request and the documentation should be referred to before submitting the application.



Application for an Organisation wishing to become an Approved Training Body

1. Name of applicant Approved Training Body

.....

Address.....

.....

Name of Contact Person.....

Telephone number..Fax number

Email address (if available)

2. Legal Structure of the ATB

What type of organisation is the prospective ATB (e.g., limited company, independent body etc)?

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Please provide copies of documents, which define the ATB legal status and its functions, organisation and management.

3. Scope of Approval sought

Please list below the courses leading to the award of an IIW Diploma for which approval is sought (e.g., International Welding Engineer):

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4. Documentation

Please provide the Quality Manual for the ATB or any other documentation that includes the complete description of ATB activities regarding general organization and responsibilities, facilities and their maintenance, teaching staff and their continuous training, etc.



5. Declaration

I declare that the information on this form and any other information given in support of this application is correct, to the best of my belief. I have read the Rules for ATBs issued by the National ANB and undertake to ensure that the applicant ATB I represent will abide by these requirements if granted accreditation by the ANB.

Signed.
.....

Responsible of prospective ATB.....

Date.....

6. Return the form and attachments to:

WELDING INSTITUTE OF THAILAND

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