



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)
.....
3. When shall the course first be held?
.....
4. If a new course, what experience do you have in running similar courses?
.....
.....
.....
5. What is the nature of the document issued at the end of the course:.....
.....
.....
6. How is student's performance currently assessed:
.....
.....
7. Title(s) of courses literature issued a) before, b) during the course:
a)
.....
.....
b)
.....



LECTURERS, TUTORS AND INSTRUCTORS (SPECIFIC TO THIS COURSE)

.....
.....
.....

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

a) Name.....

.....
.....
.....

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

.....
.....
.....
.....

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

.....
.....
.....
.....
.....
.....

d) Professional qualifications and registrations.....

.....
.....
.....
.....
.....
.....
.....
.....



11. Audio visual equipment

.....
.....
.....
.....
.....
.....
.....
.....

12. Capacity (number of students)

.....
.....
.....
.....
.....

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

.....
.....
.....
.....
.....

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

.....
.....
.....



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.....



.....
.....
.....
.....
.....

17. Name of Head of Training Organisation

.....
.....
.....
.....
.....
.....
.....
.....

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.....
.....
.....

Address
.....
.....
.....

SignatureDate.....