

# Registration Form

Complete & send by Fax / Mail to address given below



## PERSONAL INFORMATION

- Name of College, Institute, Vocational School or Private (Region)  
\_\_\_\_\_  
\_\_\_\_\_
- Name of Expert (Competitor's Trainer)  
\_\_\_\_\_
- Name of Competitor  
\_\_\_\_\_
- Date of Birth (Copy of National ID must be provided)  
\_\_\_\_\_
- Place of Birth  
\_\_\_\_\_

## MEDICAL INFORMATION

- Are you aware of the safety and health hazards of Welding?  
 Yes  No
- Do you have any health and physical disabilities?  
 Yes  No (if yes, please describe)  
\_\_\_\_\_  
\_\_\_\_\_
- Are you using contact lenses?  
 Yes  No
- Have you had any recent eye operations?  
 Yes  No

## WELDING SKILLS

- Length of Time involved in Welding  
 (0-6 months)  (7-12 months)  (more than 1 year)
- Description of Experience in Welding  
\_\_\_\_\_  
\_\_\_\_\_
- Are you familiar with Shielded Metal Arc Welding (SMAW)?  
 Yes  No
- Are you familiar with Gas Metal Arc Welding (GMAW)?  
 Yes  No
- Are you familiar with Gas Tungsten Arc Welding (GTAW)?  
 Yes  No
- Are you familiar with Stainless Steel?  
 Yes  No
- Are you familiar with measuring tools, and fabricating of structures?  
 Yes  No
- Are you familiar with various power sources and wire feeders?  
 Yes  No
- Are you familiar with Argon and Carbon Dioxide gases?  
 Yes  No

We declare that all the information provided is true.

Signed

\_\_\_\_\_  
Competitor

\_\_\_\_\_  
Expert

\_\_\_\_\_  
Date

## FOUR EASY WAYS TO REGISTER

To provisionally reserve you a place.



Telephone: (03) 342 0000



Fax your completed registration form to: (03) 341 8722



Complete and return to:  
Jubail Technical Institute  
c/o Patrick De Gee  
P.O. Box 10335, K.S.A.



E-mail us:  
jti@jti.edu.sa