

**Event: Virtual Welding Competition**

**Venue:** Tank Museum, Bovington, Dorset

**Date:** 15<sup>th</sup> June 2024

**Name:**

**Professional member (please tick)**

**Address:**

**Trade:**

(Detail welding experience)

**Company:**

|   |  |
|---|--|
| <b>Category:</b><br>(please tick applicable category)   | <b>Non - Welder</b> <input type="checkbox"/>       |
|   | <b>Trainee/Apprentice</b> <input type="checkbox"/> |
|   | <b>Professional</b> <input type="checkbox"/>       |
| <i>I confirm I have not used a virtual welding machine previously and the category I have selected is my applicable level of competence; and acknowledge that my position will be forfeit if judged to have selected a category in bad faith by any official.</i> |  |
| SIGNED:   |  |
| PRINT NAME:   |  |
| DATE:   |  |
| <b>(Please return form to - <a href="mailto:southerncountiesbranch@theweldinginstitute.com">southerncountiesbranch@theweldinginstitute.com</a>)</b>   |  |
| <b>OFFICIAL USE:</b>  |  |
| <u>ACCEPTED</u>   | <u>CONFIRMED CAT</u>                               |
| Y/N   | 1 2 3  |
|   | <u>MACHINE</u>                                     |
|   | 1 2 3  |
|   | <u>TIME SLOT</u>                                   |
|   | -----  |