

Maintenance training request

Date:

Company:

Email:

1. Registration of the person(s) to be trained (in order to optimise the training, we advise you to register 3 trainees maximum).

| Trained staff - name of trainees- | Level of qualification - Please specify: Operator/Qualified Worker/Technician | Experience with the equipment concerned Please specify the duration |
|--------------------------------------|--|---|
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2. On which equipment do you want to perform this training?

- ☐ The equipment that you acquired recently.
- ☐ An equipment that you already own.
- ☐ An equipment from Polysoude (at your disposal).

} Please specify which one

- Type of Power Source:

Click here to select

☐ Other: Specify which type:

.....

- Software (Only PC power sources):

Click here to select

- Welding head:

Click here to select

☐ With AVC/OSC

☐ With integrated wire feeder

- Type(s) of wire feeder (if external):

.....

- Special or mechanized installation:

.....

☐ Other: Please specify:

.....

3. What are your goals in terms of skill level to achieve for your staff?

- ☐ Level 1: Basic training

Targets:

- State a simple breakdown
- Identify significant symptoms

- Perform an easy repair by being helped by telephone support.

- ☐ Level 2: Expert training

Targets:

- Perform a complete maintenance of your Polysoude welding equipment in autonomy including calibration (for power sources).

4. Where and when would you like training to take place?

☐ Polysoude (Nantes)

☐ Other venue:

☐ Preferred period:

5. Requested language for the training?

☐ French

☐ English

☐ German

☐ Other (please specify)

Special requests:

Save

Please return your training request to the following address:
E-mail : training@polysoude.com - Fax : +33 (0) 240 68 57 02

Send by email