User training request

Date: Company: Email:

1.   Trainee registration (to optimise training, we recommended registering no more than 3 trainees).

Trained staff - name of trainees -	Level of qualification – Please specify: Operator/Qualified Worker/Technician	Experience with the equipment concerned (state duration)

2.   For which welding process is training required?

☐ TIG (GTAW) ☐ PLASMA (PAW) ☐ Hot wire option (for TIG or PLASMA)

3.   Welding application:

Type of application		Diameter and thickness range	
Materials welded		Welding position	
Conditions of use, constraints, etc.		Samples provided: Filler wire provided:	Yes/No Choose Yes/No Choose

4.   On what type(s) of equipment or installation are you looking to train your staff?

- ☐ Equipment you have just acquired.
- ☐ Equipment that you own.
- ☐ Equipment made available by Polysoude.

⎤ *Please specify the type of equipment below*

o **Welding head**

   Click here to select
   ☐With AVC/OSC ☐With integrated wire feeder

o **Type of power source**

   Click here to select

   ☐Other: State type:

o **Type(s) of wire feeder** (if external)

   ....

o **Software** (PC power source only):

   Click here to select

o **Special or mechanised installation**

   ....

   ☐Other: Specify:

   ....

5.   What are your objectives in terms of skills to be acquired for your staff?

☐ Level 1: Basic training
Objectives:

- Identifying power source and welding head characteristics
- Programming the power source
- Using the welding installation on the basis of library welding procedures or existing program

- Analysing and correcting a cycle during welding
- Processing results

☐ Level 2: Expert training (NB: level 1 must be assimilated to access this level)
Objectives:

- Mastering power source programming
- Developing welding parameters on specific applications

- Analysing and correcting a cycle during welding
- Processing results

Specific request:

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

☐ Polysoude site (Nantes)   ☐ Other venue: .... Preferred period: ....

7.   Language requested for training?

☐ French   ☐ English   ☐ German   ☐ Other (please specify) ....

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**

POLYSOUDE
THE ART OF WELDING