

BGAS EXPERIENCE DOCUMENT

Please return to: **TWI Training and Examination Services**

Customer Services
Granta Park
Great Abington
Cambridge CB21 6AL
Tel: 01223 899500
Email: trainexam@twi.co.uk

OR

Customer Services
Aurora Court, Barton Road
Riverside
Middlesbrough TS2 1RY
Tel: 01642 210512
Email: twinorth@twi.co.uk

Candidate Name:

Candidate ID:

If company sponsored please supply details of your sponsor.

Company Name

Contact

Company Address

Pre-certification experience

Please list your **specific experience and duration** as required by the scheme documentation, this is not a pre-requisite will not be awarded until the experience is gained and evidence provided. This experience must be verified by your empl

Claimed duration of experience in applying the BGAS method under qualified supervision enter number of mon

Verifier

Name (in capitals):

Company:

Position:

Tel No:

Email Address:

Date:

To the best of my belief, the candidate's statement is correct at the time of signing

Verifying Signature (employer or equivalent):

CANDIDATE - PLEASE NOTE

Terms and conditions of your online booking apply.

I understand that any false statement may result in the examination being invalidated.

CANDIDATE SIGNATURE:

Version 3 May 2016

