

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 for examination, however certification will not be awarded until the experience is gained and evidence provided. This experience must be verified by your employer or a recent major client.

Claimed duration of experience in applying the BGAS method under qualified supervision enter number of months or weeks:

Verifier

Name (in capitals):
Company:
Position:
Tel No:
Email Address:
Date:

Authenticated Company Stamp

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: