

Institute for Oil & Gas Sector

Application Form for Instructor

Instructions:

Fill this form o	nly if you are eligible to apply.	
1.	Complete all the required filelds.	Your
2.	Incomplete or improperly filled out application form is not processed.	Most Recent
3.	Most delays in the application process are caused by sending incorrect, or unclear, versions of essential documents.	Passport Size
	Double check, before you submit your application that each of your supporting documents is legible and meets the criteria.	Photograph
4.	Send the completed and signed form to <u>enquiries@iogs.org</u> along with all your supporitng documents and an up to date resume.	

Today Date:

Select a Training

Insulation Inspector

Insulation Applicator

	First Name:	Mic	ddle Name:
iender:	Last Name:		
Male	Date of Birth:		
Female	Address:		
	Address line 2:		
	City:	State:	Zip/Pin:
	Country:		
Dir	ect Contact Number:	Alterna	te Number:
	Primary Email:	Secon	dary Email:

	No	Yes	Do you hold a degree or diploma certificate in mechanical engineeing?
	No	Yes	Do you have a valid IOGS/CII Level 3 certificate?
	No	Yes	Do you have a valid NACE/CIP 3 certificate?
	No	Yes	Do you have an IELTS academic or general training certificate?
	No	Yes	Have you been trained in which you wish to teach?
_		qualification(s).	I do have supporiting documents of the above

'our Experience			
Have you worked for oil & gas industry for 10 years in the field of insulation?		Yes	No
Do you have experience in teaching in which you are applying for?		Yes	No
Have you ever been appointed as a tutor/instructor in any of these organizations?	NACE	SSPC	TWI
I do have supporiting documents of the above experience(s).			

Please provide youtube video links if you have previous experience in tutoring.

Link 1

Link 2



Institute for Oil & Gas Sector

Application Form for Instructor

our Avalability for Tutoring]				
Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec
Are yo	u willing to travel glo	bally: Yes	No		
Country(ies)) you do not wish to tr	ravel:			
Write your notice period	d to accept an assignr	nent:			
leferences					
Reference 1					
Name:			Company:		
Designation:			Email:		
Relationship:			Number of years yo	ou have worked wi	th Ref. 1:
Reference 2					
Name:			Company:		
Designation:			Email:		
Relationship:			Number of years yo	ou have worked wit	th Ref. 2:
Reference 3					
Name:			Company:		
Designation:			Email:		
Relationship:			Number of years yo	ou have worked wit	th Ref. 3:
		contact above refere	ncee's to verify your w	ork experiences ar	nd technical capabilities?
	Yes	No			
pplication Terms & Condit					
By agreeing to our terms,					
l understand that any misi cause for rejection of this			any fact from this app	olication or during a	any interview will be
I also understand that app			ct to varification of ra	foroncos if doomos	nocossani and
satisfactory completion of			ct to ventication of re		niecessary, and
ignature					
			Signature:		Date: