

CHECK LIST *PRIOR TO PLACEMENT ABROAD* FOR THE TRAINING PROGRAMME FOR Refrigeration technician

04/2003

Name of company				Tel.	
Street					
Postcode		Town		Country	
Owner(s)					
Contact person				E-mail/ direct tel.	

EMPLOYEES	Number
- within the vocational area	
- with similar qualifications	
- total in the company	

WORK AREAS (within which the company will be able to place trainees) - Tick off the appropriate	
Household refrigerators	
Commercial refrigeration units	
Industrial refrigeration units	
Process refrigeration systems	
Air-conditioning systems	
Minor heat pump systems	
Industrial heat pump systems	
Heat recycling systems	
Transport refrigeration systems	
Ship refrigeration systems	

DATE & SIGNATURE	
_____	_____
date	name

signature	

WORK DISCIPLINES (which the company deals with) - Tick off the appropriate	
Factory-finished units	
Independent assembly	
Repair	
Service	

COMPANY'S MAIN PRODUCTS (which are sold, serviced, manufactures and/or developed)

AUTHORISATION:
Is the company authorised? <input type="checkbox"/> (tick off)
Is a copy of authorisation letter enclosed? <input type="checkbox"/> (tick off)

Approved by the Apprenticeship Committee of the Metal Industry	
_____	_____
date	name

signature	

To be sent to: The Apprenticeship Committee of the Metal Industry • Vesterbrogade 6D, 4. • DK-1780 Copenhagen V