

Application

Special assessment



Basic information

The company hereby applies for assessment of the professional experience of the individual below for Säker Vatteninstallation industry authorisation.

All fields must be completed in order for the assessment to be processed. Assessments which are not complete will be discontinued and returned to the sender for supplementation.

An application without appendices is not complete.

The application relates to:

SURNAME:		PERSONAL ID NUMBER:	
FIRST NAME:			
APPLICANT'S TELEPHONE NUMBER:		EMAIL TO APPLICANT:	
CURRENT EMPLOYER'S COMPANY NAME:		PLACE:	

The application relates to: professional area

- Work manager/Project manager: Fitter
 Company Manage

Checklist:

- Copy of work certificate from former employer Copy of certificate regarding current employment
 Copy of certificate from any training/courses Appendix 1 consent

Note that certificates and references from another country must be translated into Swedish and English and a copy of the original must be attached. Verification/explanation of training is desired.

Send the application with appendices to:
Säker Vatten AB Box 17154, 104 62 Stockholm
or info@sakervatten.se

NOTE! Säker Vatten does not save applications or documents; it is therefore recommended that you personally save the documents for the future.

An incomplete application which is not supplemented upon request will be deleted after 3 months.

Employment/Work experience/References from former places of work

COMPANY/CURRENT EMPLOYER

EMPLOYMENT COMMENCED (MONTH AND YEAR)

Open-ended employment Project employment

POSITION AND WORK DUTIES

REFERENCE

TELEPHONE NUMBER AND EMAIL

FORMER EMPLOYER 1

THE EMPLOYMENT BEGAN (MONTH AND YEAR)

THE EMPLOYMENT ENDED (MONTH AND YEAR)

POSITION AND WORK DUTIES

REFERENCE

REFERENCE

TELEPHONE NUMBER AND EMAIL

FORMER EMPLOYER 2

THE EMPLOYMENT BEGAN (MONTH AND YEAR)

THE EMPLOYMENT ENDED (MONTH AND YEAR)

POSITION AND WORK DUTIES

REFERENCE

TELEPHONE NUMBER AND EMAIL

FORMER EMPLOYER 3

THE EMPLOYMENT BEGAN (MONTH AND YEAR)

THE EMPLOYMENT ENDED (MONTH AND YEAR)

POSITION AND WORK DUTIES

REFERENCE

TELEPHONE NUMBER AND EMAIL

FORMER EMPLOYER 4

THE EMPLOYMENT BEGAN (MONTH AND YEAR)

THE EMPLOYMENT ENDED (MONTH AND YEAR)

POSITION AND WORK DUTIES

REFERENCE

TELEPHONE NUMBER AND EMAIL

Training/Courses

TRAINING/COURSE		<input type="checkbox"/> Copy of training certificate
THE TRAINING STARTED (MONTH AND YEAR)	THE TRAINING ENDED (MONTH AND YEAR)	

TRAINING CONTENT	

TRAINING/COURSE		<input type="checkbox"/> Copy of training certificate
THE TRAINING STARTED (MONTH AND YEAR)	THE TRAINING ENDED (MONTH AND YEAR)	

TRAINING CONTENT	

TRAINING/COURSE		<input type="checkbox"/> Copy of training certificate
THE TRAINING STARTED (MONTH AND YEAR)	THE TRAINING ENDED (MONTH AND YEAR)	

TRAINING CONTENT	

Other references:

REFERENCE:	COMPANY:	TELEPHONE NUMBER AND EMAIL:
REFERENCE:	COMPANY:	TELEPHONE NUMBER AND EMAIL:
REFERENCE:	COMPANY:	TELEPHONE NUMBER AND EMAIL:

The accuracy of the information is hereby attested:

PLACE:	EMPLOYER'S SIGNATURE:
DATE:	
EMPLOYER'S EMAIL:	
EMPLOYERS TELEPHONE NUMBER:	NAME IN PRINT, EMPLOYER:

TO BE COMPLETED BY SÄKER VATTEN AB:

APPROVED	DATE:	SIGNATURE:
PROFESSIONAL EXPERIENCE ASSESSED AS		SIGNATURE:

I hereby consent to personal data being processed by Säker Vatten in its capacity as controller for the processing (see contact information to the processor below) to enable Säker Vatten to administer an application for special assessment. I am also aware that it is a requirement to provide Säker Vatten with the requested personal data in order to apply for special assessment and that a review of the assessment will not be made unless I provide Säker Vatten with such personal data. I am also aware that I am entitled at any time to withdraw my consent to the processing, but without this affecting the legality of processing pursuant to consent granted prior to withdrawal of my consent.

Säker Vatten will store provided data for such time as the personal data belongs to you, a person who possesses valid training in Safe Heating, Ventilation and Sanitation Installation or belongs to an authorised building installations company (unless you withdraw your consent prior thereto in accordance with the preceding sentence) and will thereafter delete such personal data without unnecessary delay. You are entitled to request that Säker Vatten provide access to, and rectify or delete, your personal data or restrict the processing concerning you; you are entitled to object to processing; and you are entitled to data portability (i.e. to receive your personal data and transfer such data to another controller).

If you believe that the processing of your personal data violates applicable personal data legislation, you are entitled to submit a complaint to the competent supervisory authority: The Swedish Data Protection Authority, Drottningatan 29, 111 51 Stockholm.

Säker Vatten AB
Ringvägen 100, Box 17154
104 62 Stockholm

Yes, I accept Säker Vatten AB's terms set forth above.