

CHECK LIST *PRIOR TO PLACEMENT ABROAD* FOR THE TRAINING PROGRAMME FOR Goldsmiths

04/2003

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

EMPLOYEES	Number
- within the same 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	
Manufacturing/production	<input type="checkbox"/>
Repair/maintenance	<input type="checkbox"/>
Processing of precious metals, smithing and planishing etc.	<input type="checkbox"/>
Casting and wax work	<input type="checkbox"/>
Jewel setting and knowledge of precious stones	<input type="checkbox"/>
Manufacturing and maintenance of small tools and auxiliary tools	<input type="checkbox"/>
Other work areas	

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

DATE & SIGNATURE
_____ date _____ name
_____ signature

WORK DISCIPLINES (which the company deals with) - Tick off the appropriate		
Product development and design	<input type="checkbox"/>	
Manufacturing of unique specimens	<input type="checkbox"/>	
Mass production	<input type="checkbox"/>	
Smithing	<input type="checkbox"/>	
Jewel setting	<input type="checkbox"/>	
Casting	<input type="checkbox"/>	
Repair and maintenance	<input type="checkbox"/>	
Manufacturing of tools and auxiliary tools	<input type="checkbox"/>	
Other work disciplines		
RELEVANT MACHINES AND HANDTOOLS (used by the company) Tick off the appropriate	Yes	No
Hand tools	<input type="checkbox"/>	<input type="checkbox"/>
Grinding and polishing machine	<input type="checkbox"/>	<input type="checkbox"/>
Roller	<input type="checkbox"/>	<input type="checkbox"/>
Draw bench	<input type="checkbox"/>	<input type="checkbox"/>
Napper	<input type="checkbox"/>	<input type="checkbox"/>
Casting machine	<input type="checkbox"/>	<input type="checkbox"/>
Engraving machine	<input type="checkbox"/>	<input type="checkbox"/>
Plating baths	<input type="checkbox"/>	<input type="checkbox"/>

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