

**Contact details:**

Name: ..... First name: .....

Current position: .....

Company: ..... City: ..... Tel.: .....

Field of activity: .....

Number of people to be trained: ...

**Dates required / projected:** .....

**Definition of your need (on what equipment (s), skills and knowledge you want to acquire for your teams)**

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.....

**Particular standardization to be respected (Please specify):**

Automotive, Aeronautics, Railway, Foodstuffs, Other:

.....

**Have you seen a program that might be in line with your expectations? (see the programs offered in our catalog on our website <https://www.arotechnologies.com/en-GB/588/training> )**

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**Objectives / expectations in relation to the training (applications to be carried out after the training)**

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**Comments :**

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**People with disabilities : Yes / No**

**If yes kind of disabilities (Sight, hearing ...) :** .....

**Please return this questionnaire by email or post so that we can assess your needs and make the most suitable proposal:**

- ✓ [aroservice-formation@arotechnologies.com](mailto:aroservice-formation@arotechnologies.com)
- ✓ **ARO WELDING TECHNOLOGIES SAS** – 1 Avenue de Tours  
Mrs BERANGER Blandine– ARO Service Département Formation  
CHATEAU DU LOIR – 72 500 MONTVAL SUR LOIR - FRANCE

*NB: To be completed preferably by the applicant (Human Resources team, Training department or concerned department)*

