

TWI Enrolment form

TRA05/EX07 Doc 1 Rev 20 - Page 1

PLEASE SEND APPLICATION WITH YOUR PAYMENT AND THE NECESSARY ENCLOSURES TO:

TWI (India) Private Limited

78, Chamiers Road
Nadanam,
Chennai-600018
Tamilnadu, India.
Ph: 044-43189691/2/3/4
E-mail: enquiries@twiindia.com
Website: www.twiindia.com

PLEASE USE CAPITAL LETTERS THROUGHOUT

Personal Information:

TWI Candidate ID Number:

(If taken other examinations with TWI)

Course ref _____ Course date _____

Course title _____

Name of the Candidate (as required on the certificate)

Date of birth (dd/mm/yy) _____

Permanent private address

Postcode _____ State _____

Private tel no _____

E-mail _____

Correspondence address (address to which certificates/ Notice of result should be sent, if different from above)

Invoice Address (if different from below)

Sponsoring Company and Address

Postcode _____

Contact name _____

Fax _____

E-mail _____

Telephone _____

Please tick if you are

- A member of The Welding & Joining Society
 An employee of an Industrial Member of TWI

Do you have a disability or any special needs relevant to this course or examination? Yes No

If yes, please provide details of any adjustments you may

Please tick:

Self - Sponsored

Company Sponsored

In the event of cancellation by you, the event fee and the accommodation fee (if applicable) will be returned less a cancellation charge of 20%. If less than 14 days notice is given by you, TWI reserves the right to retain the whole fee. TWI reserves the right to cancel the event in case of insufficient registration or illness of lecturers. TWI will ensure maximum possible notice is given to the attendees and reserves the right to substitute lecturers and modify the course details as required.

METHODS OF PAYMENT

Full payment and/or Company Order no. must accompany this booking form. Bookings received without payment/order number will be treated as provisional which does not guarantee a place.

Beneficiary name: TWI (India) Private Limited

Beneficiary virtual A/c no: TWIINDXXXXXXXXXXXXXXXXXXXX

Beneficiary Bank name & Address: HDFC, Sandoz Branch, Mumbai
IFSC Code: HDFC0000240

Kindly refer to our payment guidelines for further details

In case of **foreign remittances**, please use our direct account number which is **50200022166828** instead of virtual account number, **HDFC DLF Branch**, Chennai.
IFSC Code **HDFC0001869**

Approving Manager's name _____

Title _____

SPONSOR'S SIGNATURE:

Date: _____

Venue:

India Srilanka Nepal

Bangladesh Bhutan

Where did you hear about TWI Ltd?

- TWI Training website
Bulletin / Connect
BINDT Publications
- TWI Training newsletter
NDT Cabin
Other

GDPR Statement:

Please tick the box if you are

Happy for TWI to send you information regarding TWI training products and career progression opportunities. We will not share your data with anyone else.

Internal Use Only

Booking Ref: _____

Examination Applied For (to be completed in full by all applicants)

Examination Type: Initial, supplementary, renewal, bridging or retest of a previously failed examination	
Examination Body: CSWIP, PCN, AWS, ASNT, BGAS	
PCN or BGAS Approval Number:	
Current CSWIP qualifications held:	
NDT Method (please Tick)	MT PT RT ET RI UT VT BRS RPS LRUT PAUT AUT ACFM TOFD
Industry Sector: Aerospace, Welds, Wrought, Railway, General	
Categories:	
Welding Inspection (Please Tick)	Level 1 Level 2 Level 3.2.1 Level 3.2.2 CSWIP/AWS AWS/CSWIP Supervisor Instructor Endorsement
Plant Inspection	Level 1 Level 2 Level 3 Endorsement
Offshore Visual Inspector	OVI Level 2
Underwater Inspection: (please Tick) Please contact TWI for the relevant EX07 document	3.1U 3.2U 3.3U 3.4U ASCAN Concrete
Plastics: Please contact TWI for the relevant EX07 document	

To be completed by all applicants applying to attend CSWIP Welding Inspection Examinations -

I confirm that I have read and comply with the pre examination entry requirements as laid down in the CSWIP Requirement Documents - **DOCUMENT No. CSWIP-WI-6-92, 10th Edition January 2011** and understand that any fraudulent claim may result in the retraction of any certificate issued.

Please tick the appropriate box and give a detailed statement of how you meet the requirements, this must be signed and verified by an employer/third party -

Visual Welding Inspector (Level 1)

Although there is no specific experience requirement it is recommended that candidates possess a minimum of six months' welding related engineering experience and two years industrial experience.

Welding Inspector (Level 2)

Welding Inspector for a minimum of 3 years with experience related to the duties and responsibilities listed in Clause 1.2.2 under qualified supervision, independently verified.

Certified Visual Welding Inspector (Level 1) for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1 and 1.2.2.

Welding Instructor or Welding Foreman/Supervisor for a minimum of 5 years.

Senior Welding Inspector (Level 3)

Certified Welding Inspector (Level 2) for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1, 1.2.2 and 1.2.3.
5 years' authenticated experience related to the duties and responsibilities listed in Clause 1.2.3, independently verified.

Welding QC Co-ordinator

A current valid CSWIP 3.2 Senior Welding Inspector certification plus three years documented experience related to the duties and responsibilities or an international equivalent.

A current valid CSWIP 3.1 Welding Inspector with 10 year's documented experience related to the duties and responsibilities or an international equivalent.

NDT Pre-certification experience

Experience is not an essential pre-requisite for examination. However, if such evidence is available at the time of examination, it should be provided direct to the Test Centre.

Experience satisfying the requirements detailed in CSWIP-ISO-NDT-11/93 may be gained following examination. Once evidence of experience satisfying CSWIP-ISO-NDT-11/93 is accumulated, it should be sent to the customer services.

Claimed duration of experience is applying the NDT method under qualified supervision enter number of months or weeks (if no experience please indicate nil):	
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Verifier

Name (in capitals): _____

Company: _____

Position: _____

Telephone no.: _____

Email Address: _____

Date: _____



Authenticated Company Stamp

To be completed by all applicants applying to attend CSWIP Plant Inspection Examinations -

I confirm that I have read and comply with the pre examination entry requirements as laid down in Section 3 of the CSWIP Requirement Documents - **DOCUMENT No. CSWIP-P1-11-01** and understand that any fraudulent claim may result in the retraction of any certificate issued.

Please tick the appropriate box and give a detailed statement of how you meet the requirements, this must be signed and verified by an employer/third party -

Plant Inspection (Level 1)

I hold current approved NDT Level 2 (ACCP, CSWIP or PCN) in two methods
(BGAS Painting Inspector and CSWIP 3.1 Welding Inspection qualifications are acceptable as methods)

I hold CSWIP 3.1 Welding Inspector or higher

I hold an ONC in Mechanical Engineering or equivalent

I have a minimum of Five years, assessed and authenticated industry experience in this field (Mature Entry Route), a verified CV can be supplied – Must be Authenticated by Line Manager

Plant Inspection (Level 2)

I hold a valid Level 1 Plant Inspection approval

I have successfully completed the Level 1 exams as a pre entry requirement

To the best of my belief, the candidate’s statement given above is correct at the time of signing

Verifying signature (employer or equivalent):

CANDIDATE - PLEASE NOTE

I understand that TWI Ltd and its associated trading companies (and companies, organisations, or agents processing data on its behalf) will hold and use personal data supplied by me for administration purposes. These purposes have been notified under the Data Protection Act 1998. The data may also be used to send separate unsolicited mailings containing details of events, new services, products etc.

You have the right to ask TWI Ltd NOT to send such mailings. If you do not wish to receive this information from TWI Ltd, please tick this box . You have the right of access to personal data that we hold about you, on payment of the access fee not exceeding £10. Requests should be addressed to The Data Controller, TWI Ltd, Granta Park, Gt Abington, Cambridge CB21 6AL, UK.

I agree to read the Health & Safety and Security information provided by TWI and to abide by the guidance given.

I understand that occasionally images of training and examinations are taken by TWI for publicity and other purposes and that permission for my inclusion in such material is implied unless I make it known to Customer Services at registration that I do not wish to feature.

I have read and understood the documentation issued by the scheme management that is relevant to the examination for which I am applying and declare that I satisfy those criteria covering vision, training and experience. I accept responsibility for any examination fees in the event of non-payment by the sponsor. I agree to abide by the requirements for certification as relevant to the examination for which I am applying. In particular I agree to comply, if applicable, with the CSWIP rules on use and misuse of certificates and on professional conduct (see www.cswip.com).

I understand that any appeal against an exam result must be received within six months of the exam date.

I have read the listing and include all the requested information.

I understand that any false statement may result in the examination being invalidated.

CANDIDATE SIGNATURE: