

# TWI enrolment form

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

*TWI Training & Examination Services:*

**Logistic Marketing Phils., Inc. (LOMAR)**

3F, 111 Paseo de Roxas,  
Paseo de Roxas corner  
Legaspi Street, Legaspi Village,  
Makati City, Philippines  
Tel No. : +63 2 815 8836  
Fax No.: +63 2 817 9978

PLEASE USE CAPITAL LETTERS THROUGHOUT

**Personal Information:**

**TWI Candidate ID Number:**

(if taken other examinations with TWI)

Course ref \_\_\_\_\_ Course date \_\_\_\_\_

Course title \_\_\_\_\_

Candidate's family name \_\_\_\_\_

Candidate's given name (s) \_\_\_\_\_

Date of birth (dd/mm/yy) \_\_\_\_\_

**Permanent private address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

Private tel no \_\_\_\_\_

E-mail \_\_\_\_\_

**Correspondence address (if different from above)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Invoice Address (if different from below)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sponsoring Company and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

Contact name \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

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.

**Cash                      Cheque                      Bank Transfer**

Cheque payments payable to LOGISTIC MARKETING PHILS., INC.

Bank Transfer - Please contact for Bank Account Details.

**SIGNATURE:**

**Date:** \_\_\_\_\_

I would prefer an examination in week commencing

\_\_\_\_\_

(we will do our best to meet your requirements, but reserve the right to offer alternatives)

**Venue:**

Manila                                      Philippines

Booking Ref: \_\_\_\_\_

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

<b>Examination Type:</b> Initial, supplementary, renewal, bridging or retest of a previously failed examination	
<b>Examination Body:</b> CSWIP, PCN, AWS, ASNT, BGAS	
PCN or BGAS Approval Number:	
Current CSWIP qualifications held:	
<b>NDT Method</b> (please circle)	MT    PT    RT    ET    RI    UT    VT    RS  LRUT      Dig Rad
<b>Industry Sector:</b> Aerospace, Welds, Wrought, Railway, General	
<b>Categories:</b>	
<b>Welding Inspection</b> (please circle)	Level 1    Level 2    Level 3    CSWIP/AWS    AWS/CSWIP Supervisor      Instructor      Co-ordinator    Endorsement
<b>Plant Inspection</b> (please circle)	Level 1    Level 2    Level 3      Endorsement
<b>Underwater Inspection:</b> (please circle) <b>Please contact TWI for the relevant EX07 document</b>	3.1U    3.2U    3.3U    3.4U    OGI    ASCAN    Concrete
<b>Plastics:</b> <b>Please contact TWI for the relevant EX07 document</b>	

***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, 8th Edition January 2008** 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.

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**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.

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**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.

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**NDT Pre-certification experience**

Please list your **specific experience and duration** as required by the scheme documentation and attach copies of log book entries if available for NDT examinations, this is not a pre-requisite for examination, however certification will not be awarded until the experience is gained and evidence provided. This experience must be verified by your employer or a recent major client:

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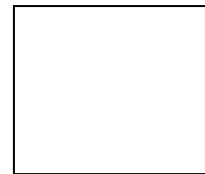
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To the best of my belief, the candidate's statement given above is correct at the time of signing.

**Verifying signature (employer or equivalent):**

Name (in capitals): \_\_\_\_\_  
Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date: \_\_\_\_\_



Authenticated Company Stamp

**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.

**SIGNATURE:**