

TWI enrolment form

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

TWI Training & Examination Services

TWI Middle East FZ – LLC

Knowledge Village, Block 11, Office no F-01,

P.O. Box 502931, Dubai, UAE

Tel: +971 4 458 66 57

Fax: +971 4 367 8435

E-mail: deedar.shah@twime.com; sony.mathew@twime.com

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 (home country 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 _____

E-mail _____

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 require.

Please tick:

Self - Sponsored

Company Sponsored

General documentation required from everyone

1. Payment or company order no.
2. Two passport photos with name clearly printed on the back
(please do not staple to form)
3. Vision certificate

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.

[**Cheque Bank Transfer Bank Draft**] **Cash** (applicable in UAE only)

made payable to **TWI Middle East FZ - LLC.**

Bank Name/Address	First Gulf Bank (FGB) P.O Box 118977, Dubai, United Arab Emirates.	Swift Code : FGBMAEAA
Currency	Account Number	IBAN Number
AED	129132 1955763 010	AE73027 129132 1955763 010
USD	129132 1955763 021	AE67027 129132 1955763 021
GBP	129132 1955763 032	AE61027 129132 1955763 032
EUR	129132 1955763 043	AE55027 129 132 1955763 043

OR [**Company order no** _____

Approving Manager's name _____

Title _____

SPONSOR'S 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:

Abu Dhabi [] Dubai [] Sharjah [] Oman [] Qatar

Kuwait Egypt Tunisia Algeria

South Africa _____ Cameroon _____

Where did you hear about TWI Ltd?

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

Please tick if you are

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

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 circle)	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 circle)	Level 1 Level 2 Level 3.2.1 Level 3.2.2 CSWIP/AWS AWS/CSWIP Supervisor Instructor Endorsement
Underwater Inspection: (please circle) Please contact TWI for the relevant EX07 document	3.1U 3.2U 3.3U 3.4U OGI 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 Customer Services.

Claimed duration of experience in 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): _____

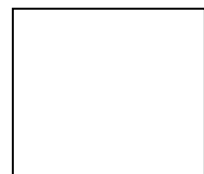
Company: _____

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-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, PCN or ASNT) in two methods, one of which must be Ultrasonic
- I hold CSWIP Welding Inspector or higher
- I hold an HNC 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: