

# TWI enrolment form

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

## TWI Training & Examination Services

Customer Services

Granta Park  
Great Abington

Cambridge CB21 6AL

Tel.: +44 (0)1223 899500

Fax: +44 (0)1223 891630

E-mail: [trainexam@twi.co.uk](mailto:trainexam@twi.co.uk)

TWI North

Aurora Court, Barton Road  
Riverside

Middlesbrough TS2 1RY

Tel.: +44 (0)1642 216320

Fax: +44 (0)1642 252218

E-mail: [twinorth@twi.co.uk](mailto:twinorth@twi.co.uk)

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 \_\_\_\_\_ Car Registration No \_\_\_\_\_

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 \_\_\_\_\_

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 require.**

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Please tick:

Self - Sponsored

Company Sponsored

### ACCOMMODATION (Abington only)

I would like dinner, bed and breakfast on site at the published price for the nights of:

The day before  During course

Other  Please specify  
Non-smoking only

**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 Draft**

**BACS**

made payable to TWI Ltd. Barclays Bank PLC, Market Place,  
Saffron Walden, Essex CB10 1HR Sort Code: 20-74-05.

Account No: 60919349. Swift address: BARC GB 22

**OR Credit Card/Debit Card** (Please Indicate if Company Card) YES NO

Three digit security code \_\_\_\_\_

Valid from & Expiry date \_\_\_\_\_

Issue Number \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

House number and postcode of card holder: \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**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:

Abington  Middlesbrough  Rotherham

Port Talbot  Aberdeen

### Where did you hear about TWI Ltd?

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

Internal Use Only

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)	<b>MT PT RT ET RI UT VT BRS</b> <b>RPS LRUT PAUT AUT ACFM TOFD</b>
<b>Industry Sector:</b> Aerospace, Welds, Wrought, Railway, General	
<b>Categories:</b>	
<b>Welding Inspection</b> (please circle)	<b>Level 1 Level 2 Level 3.2.1 Level 3.2.2 CSWIP/AWS</b> <b>AWS/CSWIP Supervisor Instructor Endorsement</b>
<b>Plant Inspection</b>	<b>Level 1 Level 2 Level 3 Endorsement</b>
<b>Offshore Visual Inspector</b>	<b>OVI Level 2</b>
<b>Underwater Inspection:</b> (please circle) <b>Please contact TWI for the relevant EX07 document</b>	<b>3.1U 3.2U 3.3U 3.4U ASCAN Concrete</b>
<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, 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.

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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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**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.

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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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**Verifier**

Name (in capitals): \_\_\_\_\_

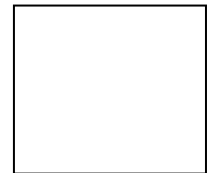
Company: \_\_\_\_\_

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 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

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**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

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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):

**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: