

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

OR

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

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 _____

E-mail _____

Please tick if you are
 A member of The Welding & Joining Society
 An employee of an Industrial Member of TWI

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 _____

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 Sheffield

Port Talbot Aberdeen Paisley Ellesmere Port

Where did you hear about TWI Ltd? _____

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)	<table border="0"> <tr> <td>MT</td> <td>PT</td> <td>RT</td> <td>ET</td> <td>RI</td> <td>UT</td> <td>VT</td> <td>BRS</td> </tr> <tr> <td>RPS</td> <td>LRUT</td> <td>PAUT</td> <td>AUT</td> <td>ACFM</td> <td>TOFD</td> <td></td> <td></td> </tr> </table>	MT	PT	RT	ET	RI	UT	VT	BRS	RPS	LRUT	PAUT	AUT	ACFM	TOFD		
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)	<table border="0"> <tr> <td>Level 1</td> <td>Level 2</td> <td>Level 3.2.1</td> <td>Level 3.2.2</td> <td>CSWIP/AWS</td> </tr> <tr> <td>AWS/CSWIP</td> <td>Supervisor</td> <td>Instructor</td> <td>Endorsement</td> <td></td> </tr> </table>	Level 1	Level 2	Level 3.2.1	Level 3.2.2	CSWIP/AWS	AWS/CSWIP	Supervisor	Instructor	Endorsement							
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AWS/CSWIP	Supervisor	Instructor	Endorsement														
Underwater Inspection: (please circle) Please contact TWI for the relevant EX07 document	<table border="0"> <tr> <td>3.1U</td> <td>3.2U</td> <td>3.3U</td> <td>3.4U</td> <td>OGI</td> <td>ASCAN</td> <td>Concrete</td> </tr> </table>	3.1U	3.2U	3.3U	3.4U	OGI	ASCAN	Concrete									
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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, 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.

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.

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:

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: