

# 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

E-mail: [sony.mathew@twime.com](mailto:sony.mathew@twime.com);

[maria.priyanka@twime.com](mailto:maria.priyanka@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 (As per ID / Passport)

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Candidate's Middle Name (As per ID / Passport)

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Candidate's Given Name (As per ID/ Passport)

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Date of Birth (dd / mm/yyyy)

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**Permanent private address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Private Tel No. \_\_\_\_\_ Emergency 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.

Agent Name: \_\_\_\_\_

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### Please tick:

Self – Sponsored

Company Sponsored

TWI Terms & Conditions of training, read & accepted

**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

made payable to TWI Middle East FZ - LLC.

Bank Name: **First Abu Dhabi Bank PJSC(FAB)**; Branch: Dragon Mart 2

Address: P.O Box 118977, Dubai, United Arab Emirates;

Swift Code : NBADAEAA

Currency	Account Number	IBAN Number
AED	129132 1955763 010	AE670351291321955763010
USD	129132 1955763 021	AE610351291321955763021
GBP	129132 1955763 032	AE550351291321955763032
EUR	129132 1955763 043	AE490351291321955763043

**Or Company order no** \_\_\_\_\_

Approving Manager's name \_\_\_\_\_

Title \_\_\_\_\_

### SPONSOR'S SIGNATURE:

#### Venue:

Abu Dhabi  Dubai  Jubail  Dammam  Al Khobar  Jizan

Jeddah  Yanbu  Riyadh  Bahrain  Muscat  Sohar

Alexandria  Cairo  Port Harcourt  Lagos

Other \_\_\_\_\_

### Where did you hear about TWI Ltd?

- |  |   |
|--|---|
| <input type="checkbox"/> TWI Corporate Website | <input type="checkbox"/> LinkedIn           |
| <input type="checkbox"/> CSWIP Website         | <input type="checkbox"/> Facebook           |
| <input type="checkbox"/> Email marketing       | <input type="checkbox"/> NDT News/Insight   |
| <input type="checkbox"/> Bulletin/Connect      | <input type="checkbox"/> Exhibitions/Events |
| <input type="checkbox"/> Word of Mouth         | <input type="checkbox"/> Google             |

Other: Please Specify \_\_\_\_\_

### GDPR Statement:

■ Please tick the box if you are:

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

Please note for examination candidates only:

As part of the certification process, candidate contact details will be passed to the relevant Certification body to enable completion of the certification process.

### Please tick if you are

- A member of The Welding Institute  
 An employee of an Industrial Member of TWI

Internal Use Only  
 Booking Ref: \_\_\_\_\_

<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)	<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> <td>RPS</td> </tr> <tr> <td>LRUT</td> <td>PAUT</td> <td>AUT</td> <td>ACFM</td> <td>TOFD</td> <td></td> <td></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															
<b>Industry Sector:</b> Aerospace, Welds, Wrought, Railway, General																			
<b>Categories:</b>																			
<b>Welding Inspection</b> (please circle)	<table border="0"> <tr> <td>3.0</td> <td>3.1</td> <td>Level 3.2.1</td> <td>Level 3.2.2</td> </tr> <tr> <td>CSWIP/AWS Endorsement</td> <td>AWS/CSWIP</td> <td>Supervisor</td> <td>Instructor</td> </tr> </table>	3.0	3.1	Level 3.2.1	Level 3.2.2	CSWIP/AWS Endorsement	AWS/CSWIP	Supervisor	Instructor										
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CSWIP/AWS Endorsement	AWS/CSWIP	Supervisor	Instructor																
<b>Plant Inspection</b>	<table border="0"> <tr> <td>Level 1 Endorsement</td> <td>Level 2</td> <td>Level 3</td> </tr> </table>	Level 1 Endorsement	Level 2	Level 3															
Level 1 Endorsement	Level 2	Level 3																	
<b>Offshore Visual Inspector</b>	OVI Level 2																		
<b>Underwater Inspection:</b> (please circle) Please contact TWI for the relevant EX07 document	3.1U    3.2U    3.3U    3.4U    ASCAN Concrete																		
<b>Plastics:</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, latest version available on CSWIP website** 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 ( 3.1 )**

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 1 year.

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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**

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 or PCN documents may be gained following examination. Once evidence of experience satisfying these requirements 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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**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 the relevant CSWIP Requirement Documents 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 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

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**Plant Inspection (Level 2)**

- I hold a valid Level 1 Plant Inspector approval
- I have successfully completed the Level 1 exams as a pre entry requirement

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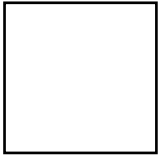
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**Verifier**

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



Authenticated Company Stamp

\* These shall be supplied for CSWIP 3.1, 3.2 welding Inspector exams, and appropriate CSWIP NDT exams, as described in latest relevant CSWIP documents. Verification is an essential part of the exam eligibility process, and the verification contact details provided by the candidate will only be used to complete the exam eligibility process. The verifier will not be contacted by TWI for any marketing or promotional purposes, and their details will not be shared to any party outside TWI or CSWIP certification body.

**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 as per GDPR requirements.  
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:**