TRA05/EX07 Doc 1

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PLEASE SEND THE COMPLETED FORM OR A PHOTOCOPY WITH YOUR PAYMENT AND THE NECESSARY ENCLOSURES TO:

TWI Training & Examination Services

TWI Training and Consultancy Ltd. #34, 4620 Manilla Road SE, Calgary, AB, Canada, T2G 4B7

Tel: +1 (0) 403 767 1343 custommersupportdesk @twica.ca										
Personal Information (PLEASE USE CAPITAL LETTERS THROUGHOUT)										
TWI Candidate ID Numb (If known)										
Event title										
Event date										
Candidate's Family Name	e (as per	ID / F	assp	ort)						
Candidate's Middle Name	e (as per	ID / F	Passp	ort)		<u>'</u>	1			
Candidate's Given Name	(as per I	D/P	asspo	ort)						
		<u> </u>	<u> </u>			4	V	v	٧.	
Date of Birth		D [, 7	М	N	٦,	Y	Y	Y	Y
Date of Birth			/			/				
Permanent private add	ess									
Postcode:			Ca	ır Re	g. N	lo				
Private Tel.:										
Emergency Tel.:										
E-mail:										
Correspondence address (if different from above)										
Invoice address (if differ	ent from	belov	v)							
Sponsoring Company a	nd Addr	ess								
				Po	stco	ode:				
Contact Name:										
Tel.:					F	Fax:				
E-mail:										
Do you have a disability or relevant to this course or ear			ds	Yes	s 🗆		No			

(If yes, please let us know details of any adjustments you may require).

Please tick:	☐ Self-sponsor	ed	☐ Com	☐ Company sponsored				
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.								
BACS Bank Draft Made payable to TW		nsultar	ncv I td - F	RBC Bank				
411-58th Avenue Bra	<u> </u>		•					
Account No: 108063			• •	(. =				
or Company ord Approving mar								
If you wish to pay by take payment details +44 (0)1223 899 500	on +44 (0)1642	216						
Sponsor's signature:								
Venue	(Handwritten signa	ature red	quired)					
☐ Calgary	☐ Toronto	1		Quebec				
☐ Edmonton	☐ Fort Eri			Vancouver				
□ Brazil	□ USA			New Brunswick				
Where did you hear			Linkadla					
☐ TWI Corporate			LinkedIn					
CSWIP Website			Facebook					
☐ Email marketing			NDT News	•				
Bulletin / Conne	ect		Exhibitions					
☐ Google search		Ш	Word of Mo	uth				
Other (please s	pecify)							
regarding TWI	box if you are hap training events ar re your data with a	nd care	eer progressi					
Please note for exam As part of the certifica to the relevant Certif process.	ation process, can	didate		•				
Please tick if you ar	e							
☐ a member of Th	ne Welding & Joini	ing So	ciety					
☐ an employee of	an Industrial Men	nber of	TWI					
Internal Use Only								
USG UIIIV								

TWI enrolment form

Section 1:	Examination A	pplied For	(to be completed in full by all a	pplicants)

Examination Type		☐ Initial	☐ su	upplementary	r	enewal	☐ bridgiı	ng		retest of a previously failed examination
Examination Body		☐ CSWIP	☐ P(CN		AWS	□ BGAS			ASNT
PCN or BGAS Approval Number:										
Current CSWIP qualifications held:										
Section 2: CSWIP Welding Inspection examination (to be completed in full by all candidates for Welding Inspection Examinations)										
Please by ticking the box indicate the examination of your choice										
☐ VWI (3.0))	☐ WI (3.1)		☐ SWI (3.2.	1)	☐ SWI	(3.2.2)	☐ AW	/S→CSWII	Р
☐ Endorse	ment	☐ Instructor		☐ Superviso	r	□ QC C	Coordinator	☐ AS	ME IX	
Pre-certification experience CSWIP Welding Inspection Scheme document stipulates the minimum requirements on the industrial pre-certification experience. Compliance with these requirements is an essential part of the eligibility criteria. Please refer to the latest version of the scheme document published on the CSWIP website.										
Please tick relev	ant box (this must be signed an	d verified by	an employer/third p	arty)					
VWI (3.0)		igh there is no speci eering experience ar				nmended that	candidates po	ssess a mi	nimum of s	six months' welding related
WI	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.									
(3.1)		Certified Visual Welding Inspector 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.									
SWI		Certified Welding	nspector f	or a minimum of 2	2 years w	ith job respon	sibilities in the	areas liste	d in 1.2.1,	1.2.2 and 1.2.3.
(3.2.1 & 3.2.2)		5 years' authentica	ated exper	ience related to th	ne duties	and responsib	oilities listed in	Clause 1.2	.3, indepe	ndently verified.
Welding		A current valid CS responsibilities or			pector ce	ertification plus	three years de	ocumented	l experiend	ce related to the duties and
QC coordinator	A current valid CSWIP 3.1 Welding Inspector with 10 year's documented experience related to the duties and responsibilities or an international equivalent.									
		Hold current valid	Senior We	lding Inspector or	internation	onal equivalen	t.			
		Certified Welding I	nspector v	vith five years rele	vant veri	fied work expe	erience or inter	national ed	quivalent	
ASME IX		A HNC in Welding	Fabricatio	n						
Working in quality control function related to welding activities with five years of verified working experience (this could relate to a CSWIP WI (3.1) holder										
Please give a detailed statement of how you meet the requirements (this must be signed and verified by an employer/third party)										
Section 3: Underwater Inspection (to be completed in full by all candidates for CSWIP Underwater Inspection Examinations)										
Please by ticking	the box	indicate the examination	on of your c	hoice						
□ 3.1U		□ 3.2U		□ 3.3U		□ 3.4U		□ A-S	SCAN	□ Concrete
·					· <u> </u>					

Pre-certification experience

CSWIP Underwater Inspection Scheme document stipulates the minimum requirements on the industrial pre-certification experience. Compliance with these requirements is an essential part of the eligibility criteria. Please refer to the latest version of the scheme document published on the CSWIP website.

Evidence of experience shall be completed using form EX07 - please contact TWI Customer Services for the relevant form.

TWI enrolment form

Section 4: NDT examination (to be completed in full by all candidates for CSWIP NDT Examinations)														
Please tick relevant box in each section – Method, Level, Industrial sector and (where appropriate) UT category														
Method														
□ PT		□ MT			VT		ET		□ ACF	М				
□ RT		☐ Rad Interp	pret		CR/DR		CRI / DRI		□ BRS			□ RPS		
□ UT		□ PAUT			TOFD		AUT		□ UTC	CM		□ P.	ACM	
☐ Appreciation	1	□ Basic			Phasor DM									
Level														
□ Level 1		☐ Level 2			Level 3									
Industrial sector & ca	ntegory													
Industry Se	ctor	☐ General	□ W	Velds	□ Castings		Wrought		Forgings		Tubes &	Pipes		Aero
UT Catego	ries	□ 3.1	□ 3	.2	□ 3.7		3.8		3.9		Critical s	izing		
the Examination C	an esse entre. E	xperience satisfy	ing the re	quireme	However, if such e ents detailed in CS' should be sent to C	WIP or	PCN documer	nts may	be gained	ollowi	ng examir	ation. Or	nce ev	idence of
Section 5: Please by ticking the Level 1		-		oice	leted in full by all ca	andidate	es for CSWIP Endorsement		nspection Ex	kamina	ations)			
Pre-certification (experie	nce				ı								
					inimum requiremer ase refer to the late									
Please tick relevant l	box (this	must be signed and	verified by	an emp	loyer/third party)									
		I hold current a	pproved N	IDT Lev	vel 2 (ACCP, CSW	IP, PCN	or ASNT) in	two me	thods, one o	of whic	ch must be	Ultrason	iic	
Plant inspection		I hold CSWIP V	Velding In	spector	r or higher									
Level 1		I hold HNC in N	/lechanica	l Engin	eering or equivaler	t								
					assessed and authenticated by Line M			perien	ce in this fiel	d (Ma	ture Entry	Route), a	a verifi	ed CV
Plant Inspection		I hold a valid Le	evel 1 Plar	nt Inspe	ector approval									
Level 2		I have success	fully comp	leted th	ne Level 1 exams a	s a pre	entry requiren	nent						
Please give a detailed statement of how you meet the requirements (this must be signed and verified by an employer/third party)														
Section 6: Other examinations (to be completed in full by all candidates for any other examinations)														
Please tick and specify exam title as required														
☐ Plastic weldi		,	Offsho	ore visu	ial Inspector		BGAS							
Examination title required:														
Pre-certification experience														

CSWIP and BGAS Scheme documents stipulates the minimum requirements on the industrial pre-certification experience. Compliance with these requirements is an essential part of the eligibility criteria. Please refer to the latest version of scheme document published on the CSWIP website.

Please contact TWI Customer Services for advice on relevant forms and documentation required.

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Section 7: Candidate's declaration (to be completed in full by all applicants)

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 confirm that I have read and comply with the pre examination entry requirements as laid down in the latest version of CSWIP Requirement Documents (available on CSWIP website) and understand that any fraudulent claim may result in the retraction of any certificate issued. 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 agree to provide any additional documents and information required by examination body to support my enrolment.

I understand that any false statement may result in the examination being invalidated.

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.							
By signing this Enrolment form I confirm complete acceptance of the TWI Ltd Terms and Conditions of Training, copy available on request.							
Candidate's Signature:							
(Handwritten signature required)							

Section 8: Verification (to be completed in full by all applicant's verifier)

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.

	•	
Verifier details		
Name (in capitals):		
Company & position:		
Professional relation to the candidate:		
Telephone no.:		
Email Address:		
Date:		Authenticated Company Stamp
Verifier's declaration:		

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

Verifier's Signature (employer's or equivalent)

(Handwritten signature required)