# TWI enrolment form

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 (India) Private Limited

No 65/90 Ellaiamman Colony, Vellala,Teynampet, Chennai, 600086 Tamil Nadu, India. Ph: 044-43189691/2/3/4

E-mail: enquiries@twiindia.com Website: www.twiindia.com

Personal Information	(PLEASE USE CAPITAL LETTERS THROUGHOUT)
TWI Candidate ID Number: (If known)	
Event title	
Event date	
Name of the Candidate (as require	ed on the certificate)
Date of Birth  Permanent private address	D D / M M / Y Y Y Y
Postcode: Private Tel.: Emergency Tel.: E-mail:	
Correspondence address (if diffe	erent from above)
Invoice address (if different from	below)
Sponsoring Company and Addr	ess
	Doctoods:
Contact Name:	Postcode:
Tel.:E-mail:	Fax:
Do you have a disability or any special relevant to this course or examination (If yes, please let us know det	

Plea	se tick:	☐ Self-sponsore	ed	☐ Company sponsored
Full pa Bookin which	igs received with does not guarant	out payment / orde tee a place.	r Num	accompany this booking form. ber will be treated as provisional,
Benefi Benefi	ciary account n	INDIA PRIVATE umber: 50200022 ress: HDFC, DLF	16682 IT, SE	8 Z BLOCK 5,
	JI GARDEN, BLO 89, TAMIL NADU		LOOF	R, SHIVAJI GARDENS, CHENNAI
IFSC C	CODE: HDFC000	)1869		
or	Company orde	r No:		
	Approving mana n	ger's ame:		
l <del>e:</del>				
Spor	nsor's signature:			
		(Handwritten signa	ture requ	uired)
Ven	IIA			
Voli	India	SriLanka	ì	Nepal
	Bangladesh	Myanma	ar	·
Whe	ere did you hear	about TWI Ltd?		
	TWI Corporate	Website		LinkedIn
	CSWIP Websit	e		Facebook
	Email marketin	g		NDT News / Insight
	Bulletin / Conn	ect		Exhibitions / Events
	Google search			Word of Mouth
	Other (please s	specify)		
GDF	PR statement			
	regarding TWI		d care	TWI to send you information er progression opportunities. else.
Plea	se note for exam	nination candidates	only:	
	ne relevant Certif			contact details will be passed completion of the certification
Plea	se tick if you a	re		
	a member of Th	ne Welding & Joinir	ng Soc	siety
	an employee of	f an Industrial Mem	ber of	TWI
Inte	rnal Use Only	Booking Ref	f:	

# TWI enrolment form

Section 1:	Examination A	Applied For	(to be completed in full by	y all applicants)
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			• •	`	•	, ,	' '					
Examination Type		☐ Initial	☐ s	supplementary		retest of a previously failed examination			iously failed			
Examination Body		☐ CSWIP	□ PCN □ AWS □ BGAS			☐ ASNT						
PCN or BGAS Approval Number:												
Current CSW	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	Please by ticking the box indicate the examination of your choice											
☐ VWI (3.0	0)	☐ WI (3.1)		☐ SWI (3.2.	1)	□ SWI	(3.2.2)	☐ AV	vs→cswi	Р		
☐ Endorse	ement	☐ Instructor		☐ Superviso	or		Coordinator	☐ AS	SME IX			
	ng Inspe	erience ection Scheme doc sential part of the eliq										
Please tick relev	ant box (	this must be signed and	d verified b	y an employer/third p	party)							
VWI (3.0)		igh there is no speci eering experience an				nmended that	candidates po	ossess a m	inimum of s	six month	ıs' we	lding 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 I	nspector	for a minimum of	2 years w	ith job respon	sibilities in the	areas liste	ed in 1.2.1,	1.2.2 and	d 1.2.	3.
(3.2.1 & 3.2.2)		5 years' authentica	ated expe	rience related to the	he duties	and responsil	bilities listed in	Clause 1.2	2.3, indeper	ndently v	erified	d.
Welding		A current valid CS responsibilities or			spector ce	ertification plus	s three years o	documente	d experienc	ce related	to th	e duties and
QC coordinator		A current valid CS international equiv		Welding Inspector	with 10 ye	ear's docume	nted experiend	ce related to	o the duties	s and res	ponsi	bilities or an
		Hold current valid	Senior W	elding Inspector or	internatio	onal equivalen	ıt.					
		Certified Welding Inspector with five years relevant verified work experience or international equivalent										
ASME IX		A HNC in Welding	Fabrication	on								
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)												
gir												
Section 3: Underwater Inspection (to be completed in full by all candidates for CSWIP Underwater Inspection Examinations)												
Please by ticking	g the box	indicate the examination	on of your o	choice								
□ 3.1U		□ 3.2U		□ 3.3U		□ 3.4U		□ A-9	SCAN		] (	Concrete
				•		•		•				

### 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.

Section 4: NDT examination (to be completed in full by all candidates for CSWIP NDT Examinations)														
Please tick relevant l	box in ea	ch section – Method	l, Level, Inc	lustrial s	ector and (where a	appropriate	e) UT category							
Method														
□ PT		□ MT			VT		ET		□ ACF	М				
□ RT		☐ Rad Interp	oret		CR/DR		CRI / DRI		□ BRS	3		□R	PS	
□ UT		□ PAUT			TOFD		AUT		□ UTC	M		□ P.	ACM	
☐ Appreciation	1	□ Basic			Phasor DM									
Level														
□ Level 1		□ Level 2			Level 3									
Industrial sector & ca	ntegory													
Industry Se	ctor	☐ General	□ W	/elds	□ Casting	s 🗆	Wrought		Forgings		Tubes &	Pipes		Aero
UT Catego	ries	□ 3.1	□ 3	.2	□ 3.7		3.8		3.9		Critical s	izing		
Industrial experie	ence		ı		1	1		1		1				
Experience is not														
the Examination C experience satisfy														
experience satisfy	ing theo	e requiremente to	accamaic	atou, it	onodia be cent t	o odolon	ici ocivioco. i	icase o			1 <b>0</b> A (0011	, 0. 1 0	<b>L</b> /00 (	011).
_														
Section 5:	Plan	t Inspectio	n (to be	e comp	leted in full by a	II candida	ites for CSWIP	Plant I	nspection Ex	kamin	ations)			
Please by ticking the	box indi	cate the examination	n of your ch	oice										
□ Level 1		□ Level 2			Level 3		Endorsemer	nt						
Pre-certification	experie	nce												
CSWIP Plant Insperence is an														
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, CS	SWIP, PC	N or ASNT) in	two me	ethods, one o	of whic	ch must be	Ultrasor	iic	
Plant inspection		I hold CSWIP V	Velding In	spector	or higher									
Level 1		I hold HNC in M	1echanica	l Engin	eering or equiva	lent								
		I have a minimu						xperien	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 successi	fully comp	leted th	ne Level 1 exam	s as a pr	e entry require	ment						
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 spec				,		-, 30		, 50		-,				
□ Plastic weldi			Offsho	ore visu	al Inspector		BGAS							
Examination title re			3											
Pre-certification	-													

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,

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 accept	ance 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

Juiside TWI OF COVIF (	tertification body.	
Verifier details		
Name (in capitals):		
Company & position:		
Professional relation to the candidate:		
Telephone no.:		
Email Address:		
Date:		Authenticated Company Stamp
<b>Verifier's declaration:</b> Γο 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)