TRA05/EX07 Doc 1

Please tick:

Methods of Payment

□ Company sponsored

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

## **TWI Training & Examination Services**

TWI MIDDLE EAST FZ - LLC Knowledge Village, Block 11, Office no. F-10 P.O. Box 502931, Dubai, UAE	Agent name:
Tel.: +971 4 458 66 57 enquiries @twime.com	
Personal Information	(PLEASE USE CAPITAL LETTERS THROUGHOUT)
TWI Candidate ID Number: (If known)	
Event title	
Event date	
Candidate's Family Name (as	per ID / Passport)
Candidate's Middle Name (as	per ID / Passport)
Candidate's Given Name (as p	per ID / Passport)
Date of Birth Permanent private address	
Postcode:	Car Reg. No
Private Tel.:	
Emergency Tel.:	
E-mail:	
Correspondence address (if	different from above)
Invoice address (if different fr	rom below)
Sponsoring Company and A	ddress
	Postcode:
Contact Name:	
Tel.: E-mail:	Fax:
Do you have a disability or any sp relevant to this course or examin (If yes, please let us know	Yes I NOII

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.
Bank Transfer
Made payable to: TWI Middle East FZ-LLC Swift Code: NBADAEAA
Bank Name: First Abu Dhabi Bank PJSC (FAB)

□ Self-sponsored

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

Account Number	IBAN Number
129132 1955763 010	AE670351291321955763010
129132 1955763 021	AE610351291321955763021
129132 1955763 032	AE550351291321955763032
129132 1955763 043	AE490351291321955763043
	129132 1955763 010 129132 1955763 021 129132 1955763 032

#### or Company order No:

Approving manager's

name:

If you wish to pay by Credit Card please call Customer Services who will take payment details on +971 4 458 66 57

Spo	onsor's signature:								
		(Hand	written signa	ature rec	quired)				
Ver	Venue								
Y Y Y	Abu Dhabi		Dubai			Dammam			
	Jubail		Al Khob	ar		Jizan			
	Jeddah		Yanbu			Riyadh			
	Bahrain		Muscat			Sohar			
	Alexandria		Cairo			Lagos			
	Port Harcourt		Others						
Wh	ere did you hear ab	out T	WI Ltd?						
	TWI Corporate We	bsite			LinkedIn				
	CSWIP Website				Facebook				
	Email marketing				NDT News	/ Insight			
	Bulletin / Connect				Exhibitions	/ Events			
	Google search				Word of Mo	outh			
	Other (please spec	cify)							
GD									
	regarding TWI trai We will not share y								
	ase note for examina			-					
As to t pro									
Ple	ase tick if you are								
	a member of The V	Veldin	g & Joinii	ng So	ciety				
	an employee of an	Indus	trial Mem	ber o	f TWI				
Inte	ernal Use Only								
	-	Во	oking Re	f:					

### Section 1: Examination Applied For (to be completed in full by all applicants)

Examination Body  CSWIP  PCN  AWS  BGAS  ASNT    PCN or BGAS Approval Number:	Examination Type		Initial		supplementary	renewal	bridging	retest of a previously failed examination
			CSWIP		PCN	AWS	BGAS	ASNT
Current CSWIP qualifications held:	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)	☐ AWS→CSWIP	
Endorsement		Supervisor	QC Coordinator	ASME 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 relevant box (this must be signed and verified by an employer/third party) vwi Although there is no specific experience requirement it is recommended that candidates possess a minimum of six months' welding related (3.0)engineering experience and two years industrial experience. 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. WI (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. Π Welding Instructor or Welding Foreman/Supervisor for a minimum of 1 year. П Certified Welding Inspector for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1, 1.2.2 and 1.2.3. SWI (3.2.1 & 3.2.2) 5 years' authenticated experience related to the duties and responsibilities listed in Clause 1.2.3, independently verified. A current valid CSWIP 3.2 Senior Welding Inspector certification plus three years documented experience related to the duties and П responsibilities or an international equivalent. Welding 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 Welding Inspector or international equivalent. Certified Welding Inspector with five years relevant verified work experience or international equivalent ASME IX П A HNC in Welding Fabrication 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)

Pleas	Please by ticking the box indicate the examination of your choice										
	3.1U		3.2U		3.3U		3.4U		A-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.

TRA05/EX07 Doc 1

## 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

Meth	od					
	PT	D MT	□ VT	🗆 ET		
	RT	□ Rad Interpret		🗆 CRI / DRI	□ BRS	
	UT	D PAUT		🗆 AUT		
	Appreciation	Basic	□ Phasor DM			

#### Level

□ Level 1 □ Level 2 □ Level 3	
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#### Industrial sector & category

Industry Sector	General	Welds	Castings	Wrought	Forgings	Tubes & Pipes	Aero
UT Categories	3.1	3.2	3.7	3.8	3.9	Critical sizing	

#### Industrial 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 Examination 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. Please use the form **NDT 15A** (CSWIP) or **PSL/30** (PCN).

## Section 5: Plant Inspection (to be completed in full by all candidates for CSWIP Plant Inspection Examinations)

Pleas	Please by ticking the box indicate the examination of your choice									
	Level 1		Level 2		Level 3		Endorsement			

#### Pre-certification experience

CSWIP Plant 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 scheme document published on the CSWIP website.

#### Please tick relevant box (this must be signed and verified by an employer/third party)

	I hold current approved NDT Level 2 (ACCP, CSWIP, PCN or ASNT) in two methods, one of which must be Ultrasonic
Plant inspection	I hold CSWIP Welding Inspector or higher
Level 1	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
Plant Inspection	I hold a valid Level 1 Plant Inspector approval
Level 2	I have successfully completed the Level 1 exams as a pre entry requirement

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	d		
□ Plastic welding	Offshore visual 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.

TRA05/EX07 Doc 1

## 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)