TWI enrolment form

PLEASE SEND APPLICATION WITH YOUR PAYMENT AND THE **NECESSARY ENCLOSURES TO:**

TWI Training & Examination Services TWI TECHNOLOGY ENGINEERING (PVT) LTD.

106-K Block Commercial Area DHA Phase 1 Lahore Pakistan

Tel: +0092-4235741600

E-mail: sohail.zafar@twi-pakistan.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)
Candidate's given name (s) (As per ID / Passport)
Date of birth (dd/mm/yy)
Permanent private address (home country 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
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.

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Please tick: Self - Sponsored	Company Sponsored					
(if applicable) will be ret days' notice is given by TWI reserves the right to illness of lecturers. TWI	ion by you, the event fee and the accommodation fee urned less a cancellation charge of 20%. If less than 14 you, TWI reserves the right to retain the whole fee. It is cancel the event in case of insufficient registration or will ensure maximum possible notice is given to the the right to substitute lecturers and modify the course					
	mpany Order no. must accompany this booking form. ut payment/order number will be treated as provisional					
☐ Cheque ☐ Bank T	ransfer □Bank Draft □ Cash					
made payable to TWI T	ECHNOLOGY ENGINEERING (PVT) LTD.					
Bank Name: ALLIED BANK Account Number: 0010006884570010 Branch Code: 0452 Branch Address: DD Branch, Phase 4, DHA Lahore						
OR Company order n	o					
Approving Manager's	name					
Title						
SPONSOR'S SIGNA	TURE:					
Data						
Date:						
	nination in week commencing					
(we will do our best t offer alternatives)	o meet your requirements, but reserve the right to					
Venue:						
☐ Islamabad						
☐ Karachi						
□ Lahore						
☐ Other						
Where did you he	ar about TWI Ltd?					
☐ Civvy Street ☐ CSWIP Website ☐ Easy Resettlement I ☐ ELCAS Website ☐ Equipped Magazine ☐ Facebook ☐ Force Recruiting ☐ Google Search ☐ HM Forces	☐ Linkedin ☐ NDT Cabin Magazine ☐ NDT News/Insight ☐ Pathfinder					
GDPR Statement: Please tick the box if you are Happy for TWI to send you information regarding TWI training products and career progression opportunities. We will not share your data with anyone else.						
Please tick if you are - A member of The Weldi - An employee of an Indu						
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)	MT	PT	RT	ET	RI	UT	VT	BRS
Industry Sector: Aerospace, Welds, Wrought, Railway, General Categories:	RPS	LRUT	PAUT	Г А	UT	ACFM	ТО	FD
Welding Inspection (please circle)						VIP/AWS prsement		
Plant Inspection	Level 1	, , , , , , , , , , , , , , , , , , ,	Level 2	JOI	Level			orsement
Offshore Visual Inspector	OVI Lev	el 2						
Underwater Inspection: (please circle) Please contact TWI for the relevant EX07 document	3.1U 3.2U 3.3U 3.4U OGI ASCAN Concret					ncrete		
Plastics: Please contact TWI for the relevant EX07 document								
I confirm that I have read and comply with the pre examination Documents - DOCUMENT No. CSWIP-WI-6-92, 10th Edition Jan retraction of any certificate issued. Please tick the appropriate box and give a detailed statement verified by an employer/third party - Visual Welding Inspector (Level 1) Although there is no specific experience requirement it welding related engineering experience and two years in	nuary 201 It of how is recomm	you mee	nderstand It the requal	I that ar	ny fraud	lulent clai	im may	result in the
Welding Inspector (Level 2) Welding Inspector for a minimum of 3 years with experi responsibilities listed in Clause 1.2.2 under qualified sup Certified Visual Welding Inspector (Level 1) for a minimum Welding Instructor or Welding Foreman/Supervisor for a	ervision, i	independ ears with j	ently veri	fied.	s in the	areas liste	ed in 1.2	.1 and 1.2.2.

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Senior Welding Inspector (Level	(3)	
Certified Welding Inspec	tor (Level 2) for a minimum of 2 years with jo	b responsibilities in the areas listed in 1.2.1, 1.2.2 and 1.2.3.
5 years' authenticated exindependently verified.	xperience related to the duties and responsibi	ilities listed in Clause 1.2.3,
Welding QC Co-ordinator		
I I	2 Senior Welding Inspector certification plus t n international equivalent.	hree years documented experience related to the duties
A current valid CSWIP 3. an international equivale		ed experience related to the duties and responsibilities or
direct to the Test Centre. Experience satisfying the requirem	equisite for examination. However, if such evider	nce is available at the time of examination, it should be provided e gained following examination. Once evidence of experience ices.
Claimed duration of experience in the NDT method under qualified s enter number of months or weeks experience please indicate nil):	supervision	
<u>Verifier</u>		
Name (in capitals):		
Company: Position:		
Telephone no.:		
Email Address:		
Date:		Authenticated Company Stamp
To the best of my belief, the	candidate's statement given above is	correct at the time of signing:
Verifying signature (employer or ed	quivalent):	
CANDIDATE - PLEASE NOTE I understand that TWI Ltd and its ass	ociated trading companies (and companies, orgar	nisations, or agents processing data on its behalf) will hold and use

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: