TRA05/EX07 Doc 1

Rev. 25 F

Page 1 of 4

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

### TWI Technology (S.E.Asia) Sdn Bhd

No.1 Jalan Utarid U5/13, Section U5 40150 Shah Alam, Selangor Darul Ehsan, Malaysia

Tel.: +603-7848 1000 inquiry @twisea.com										Fa	ax:	+60	3-78	48	10 <sup>-</sup>	10
Personal Information									(PLEASE USE CAPITAL LETTERS THROUGHOUT)							
TWI Candidate ID Number: (If known)																
Event title																
Candidate's Full Name (as per ID / Passport)																
Can	didat	e's N	lame	(as	reau	ired	on th	e ce	rtifica	ite)	<u> </u>	1	1		1	
							D	D		M	M		V	Y	٧	
Dat	e of	Birth							/			] /				
Pei	man	ent	priva	ate a	ddre	ss										
	P	ostco	ode:						Cai	Re	g. No	)				
		ate Terge														
		E-n	nail:													
Co	rresp	ond	ence	add	Iress	(if c	liffere	ent fro	om a	bove	<del>:</del> )					
Invoice address (if different from below)																
Sponsoring Company and Address																
										Po	stcc	de:				
Contact Name:  Tel.:  E-mail:											F	ax:				
	-			-			ecial ation		ls	Yes	; 🗆		No			

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

Please tick: ☐ Self-sponsored ☐ 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. Candidates in other countries: Please refer to the representative TWI training centre / Agent Candidates in Malaysia: Cash/Card on the day **Bank Draft** BACS Cheque Made payable to TWI Technology (S.E.Asia) Sdn. Bhd Hong Leong Bank Berhad No. 51 & 53 Jalan TSB 10A, Sg. Buloh Industrial Park, 47000 Sg. Buloh, Selangor, Malaysia Account No.: 278 0000 1903 Swift Code: HLBBMYKL Company order No: Approving manager's name: Sponsor's signature: (Handwritten signature required) Venue Kuala Lumpur Miri Others: Date: I would prefer an examination in week commencing do our best to meet your requirements, but reserve the right to offer alternatives) In the event of cancellation by you, the event fee 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. Where did you hear about TWI Ltd? TWI Corporate Website LinkedIn **CSWIP** Website Facebook **Email marketing** NDT News / Insight Bulletin / Connect Exhibitions / Events Google search Word of Mouth 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 & Joining Society an employee of an Industrial Member of TWI WIM/WJS/TWI Industrial MEMBERS ONLY: To claim your discount (Course fee only) please enter your membership number. WIM Membership No.: ...... TWI Industrial No.: ..... WJS No.: .....

Booking Ref:

**Internal Use Only** 

# TWI enrolment form

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

Examination Type		☐ Initial	☐ su	ipplementary	ı	renewal	☐ bridgir	ng		etest of a previously failed examination				
Examination Body		☐ CSWIP	☐ P(	CN		AWS	☐ BGAS	☐ BGAS		ASNT				
PCN or BGAS Approval Number:														
Current CSWI	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	or	□ QC C	Coordinator	☐ AS	ME IX					
	ng Insp	ection Scheme doc								rience. Compliance with these the CSWIP website.				
Please tick relev	ant box (	this must be signed an	d verified by	an employer/third p	oarty)									
VWI (3.0)		igh there is no speci eering experience ar				nmended that	candidates pos	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 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.												
(3.2.1 & 3.2.2)		5 years' authenticated experience related to the duties and responsibilities listed in Clause 1.2.3, independently verified.												
Welding		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.												
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 Inspector with five years relevant verified work experience or international equivalent												
ASME IX		A HNC in Welding	Fabricatio	n										
		Working in quality WI (3.1) holder	control fun	ction related to we	elding ac	tivities with five	years of verific	ed working	experienc	ce (this could relate to a CSWIP				
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 cl	hoice										
□ 3.1U		□ 3.2U		□ 3.3U		□ 3.4U		□ A-S	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.

# 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	oox (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	l or ASNT) in t	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 Mechanical Engineering or equivalent												
					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 detaile	d statem	ent of how you mee	t the require	ements (	(this must be signed a	nd verifi	ed by an employ	er/third	party)					
Section 6: Other examinations (to be completed in full by all candidates for any other examinations)														
Please tick and spec	ify exam	title as required												
☐ Plastic weldi		,	Offsho	ore visu	ial Inspector		BGAS							
Examination title required:														
Pre-certification of	experie	nce												

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.

Rev. 25

### 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

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.

outside TWI of CSWIF	Sertification body.	
Verifier details		
Name (in capitals):		
Company & position:		
Professional relation to the candidate:		
Telephone no.:		
Email Address:		
Date:		Authenticated Company Stamp
Verifier's declaration:	the candidate's statement given above is correct at the time of signing	

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)