TWI enrolment form

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

TWI Technology (S.E.Asia) Sdn Bhd
(Formerly known as TWI Training & Certification (S.E.Asia) Sdn Bhd)
No. 1, Jalan Utarid U5/13, Section U5
40150 Shah Alam, Selangor Darul Ehsan , Malaysia
Tel.: +603 -7848 1000 Fax: +603-7848 1010
E-mail: inquiry@twisea.com

PLEASE USE CAPITAL LETTERS THROUGHOUT

Personal Information:

TWI Candidate ID Number:
(if taken other examinations with TWI)

Course ref _____ Course date _____

Course title _____

Name of the Candidate (as required on the certificate)

Candidate's First name (As per ID / Passport)

Candidate's Family name (As per ID / Passport)

Date of birth (dd/mm/yy)

Permanent private address

_____

_____

_____

_____ Postcode _____

Emergency tel. no _____ Car Registration No _____

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 _____

Please tick if you are
☐ A member of The Welding & Joining Society
☐ An employee of an Industrial Member of TWI

Do you have a disability or any special needs re levant to this course or examination? Yes ☐ No ☐

If yes, please provide details of any adjustments you may require.

Please tick:

Self - Sponsored ☐ Company Sponsored ☐

WIM/WJS/TWI Industrial MEMBERS ONLY:
To claim your discount (course fee only) please enters your Membership No:

WIM Membership No. : ……..

TWI Industrial No.: ……. WJ S No.: ……..

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 requir ed.

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.

Cheque Bank Draft BACS
made payable to : The Welding Institute

Bankers Barclays Bank PLC, Market Place,
Saffron Walden, CB 10 1HR Sort Code: 20-74-21
USD Account No:42279566 Swift address: BARC GB 22

OR Credit Card (Please Indicate if Company Card) YES NO

Three digit security code _____

Valid from & Expiry date _____

Issue Number _____

Name (as it appears on card)

_____

House number and postcode of card holder:

_____

Signature of card holder _____

OR Company order no _____

Approving Manager's name _____

Title _____

SPONSOR'S SIGNATURE:

Date: _____

I would prefer an examination in week commencing

_____

(we will do our best to meet your requirements, but reserve the right to offer alternatives)

Venue:
Singapore

Where did you hear about TWI Ltd?

☐ TWI Training website
☐ Bulletin / Connect
☐ BINDT Publications
☐ TWI Training new sletter
☐ NDT Cabin
☐ Social Media (Facebook / LinkedIn)

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 RPS LRUT Dig Rad PAUT AUT TOFD ACFM
Industry Sector : Aerospace, Welds, Wrought, Railway, General	
Categories:	
Welding Inspection (please circle)	3.0 3.1 Level 3.2.1 Level 3.2.2 CSWIP/AWS AWS/CSWIP Supervisor Instructor Endorsement
Plant Inspection	Level 1 Level 2 Level 3 Endorsement
Offshore Visual Inspector	OVI Level 2
Underwater Inspection: (please circle) Please contact TWI for the relevant EX07 document	3.1U 3.2U 3.3U 3.4U OGI ASCAN Concrete
Plastics: Please contact TWI for the relevant EX07 document	

To be completed by all applicants applying to attend CSWIP Welding Inspection Examinations -

I confirm that I have read and comply with the pre examination entry requirements as laid down in the CSWIP Requirement Documents _ **DOCUMENT No. CSWIP-WI-6-92, Latest version avaiable on CSWIP website** and understand that any fraudulent claim may result in the retraction of any certificate issued.

Please tick the appropriate box and give a detailed statement of how you meet the requirements, this must be signed and verified by an employer/third party.

Visual Welding Inspector (3.0)

☐ Although there is no specific experience requirement it is recommended that candidates possess a minimum of six months' welding related engineering experience and two years industrial experience.

Welding Inspector (3.1)

☐ 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.

☐ Certified Visual Welding Inspector (Level 1) 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 5 years.

Senior Welding Inspector (3.2.1 OR 3.2.2)

☐ A current valid Certified Welding Inspector (Level 2) for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1, 1.2.2 and 1.2.3. (Please attach copy)

☐ 5 years' authenticated experience related to the duties and responsibilities listed in Clause 1.2.3, independently verified.

Welding QC Co -ordinator

☐ A current valid CSWIP 3.2 Senior Welding Inspector certification plus three years documented experience related to the dutiesand responsibilities or an international equivalent.

☐ A current valid CSWIP 3.1 Welding Inspector with 10 year's documented experience related to the duties and responsibilities or an international equivalent.

NDT Pre-certification 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 Test Centre.
Experience satisfying the requirements detailed in the relevant CSWIP or PCN documents may be gained following examination. Once evidence of experience satisfying these requirements is accumulated, it should be sent to Customer Service.

Claimed duration of the experience in applying the NDT method under qualified supervision enter number of months or weeks(if no experience please indicate nil) :	

Verifier

Name (in capitals): _____

Company: _____

Position: _____

Telephone no.: _____

Email Address: _____

Date: _____

Authenticated Company Stamp

To be completed by all applicants applying to attend CSWIP Plant Inspection Examinations

I confirm that I have read and comply with the pre examination entry requirements as laid down in the relevant CSWIP Requirements Documents and understand that any fraudulent claim may result in the retraction of any certification issued.

Please tick the appropriate box and give a detailed statement of how you meet requirements, this must be signed and verified by an employer/third party –

Plant Inspection (Level 1)

☐ I hold current approved NDT Level 2 (ACCP, CSWIP, PCN or ASNT) in two methods, one of which must be Ultrasonic

☐ I hold CSWIP 3.1 Welding Inspector or higher

☐ 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), verified CV can be supplied – Must be authenticated by Line Manager

Plant Inspections (Level 2)

☐ I hold a valid Level 1 Plant Inspection approval

☐ I have successfully completed the Level 1 exams as a pre entry requirement

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

Verifying signature (employer or equivalent):

CANDIDATE - PLEASE NOTE

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.

Please tick: ☐ I confirm, understand and accept TWI's terms and conditions as attached.

CANDIDATE'S SIGNATURE:

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.