TWI enrolment form	TRA05/EX07/KL Doc 1 Rev 23 –Page 1				
PLEASE SEND APPLICATION WITH YOUR PAYMENT AND THE					
NECESSARY ENCLOSURES TO:	Self – Sponsored Company Sponsored				
TWI Training & Services Co., Ltd	WIM/WJS/TWI Industrial MEMBERS ONLY:				
33/30 Moo.1, T.Naklua, A. Banglamung Chonburi 20150, Thailand	To claim your discount (course fee only) please enter your membership number.				
Tel.: +66 (0)38 222 136/7 Fax: +66(0)38 222 141	WIM Membership No.:				
E-mail: inquiry@twi-thailand.com	TWI Industrial No.:				
PLEASE USE CAPITAL LETTERS THROUGHOUT	accommodation fee (if applicable) will be returned less a				
Personal Information: TWI Candidate ID Number: (If taken other examinations with TWI)	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				
Course Ref Course Date	lecturers and modify the course details as required.				
Course Title	METHODS OF PAYMENT				
Candidate's Full Name (As per ID / Passport)	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 Thailand: Bank transfer/ Cheque (in Thai Baht)				
	Made payable to (Made payable to TWI Training &Services Co., Ltd)				
Candidate's Name (As required on the certificate)	Bank Name: Kasikorn Bank (current account) Bank Address: 23/17 M.6 Sukhumvit road, Naklue banglamung, Chonburi 20150 (Thailand) Branch: Sukhumvit Naklue branch Account Number: 481-1-01456-2				
Date of Birth (dd / mm/ yyyy) d d m m y y y y	Swift Code: KASITHBK				
Permanent private address	Or Company order no				
	Approving Manager's name				
Postcode	SPONSOR'S SIGNATURE: (handwritten signature required)				
Private Tel No Emergency Tel No	(nanamitter signature required)				
E-mail	Date				
Correspondence address (if different from above)	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:				
Invoice address (if different from below)	Chonburi Dothers (Please specify)				
	Where did you hear about TWI?				
	□ TW Corporate Website □ LinkedIn □ CSWIP Website □ Facebook				
Sponsoring Company and Address	□ Email marketing □ NDT News/Insight □ Bulletin/ connect □ Exhibitions/Events □ Google Search □ Word of Mouth □ Other: Please Specify				
Postcode	GDPR Statement: Please tick the box if you are:				
Contact Name	Happy for TWI to send you information regarding TWI training events and career progression opportunities. We will not share your data with anyone				
Telephone Fax	else.				
E-mail	Please note for examination candidates only: As part of the certification process, candidate contact details will be passed				
Do you have a disability or any special needs relevant to this course or	to the relevant Certification body to enable completion of the certification process.				
examination? Yes No If yes, please provide details of any adjustments you may require.	Please tick if you are Internal Use Only A member of The Welding Institute Booking Ref:				
	An employee of an Industrial Member of TWI				

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 PAUT AUT ACFM TOFD				
Industry Sector: Aerospace, Welds, Wrought, Railway, General					
Categories:					
Welding Inspection (Please circle)	3.03.13.2.13.2.2CSWIP/AWSAWS/CSWIPSupervisorInstructorEndorsementEndorsementEndorsementEndorsement				
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 ASCAN Concrete				
Plastics:					

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 available 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 3.0 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.

Senior Welding Inspector (3.2)

Certified Welding Inspector (3.1) for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1, 1.2.2 and 1.2.3.

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 duties and 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 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.

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

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 Requirement Documents 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 -

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 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), a verified CV can be supplied – Must be Authenticated by Line Manager

I hold a valid Level 1 Plant Inspector approval

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

<u>Verifier</u>				7
Name (in capitals):	 	 		
Name (in capitals): Company: Position:	 	 		
Position:	 	 		

Authenticated Company Stamp

* These shall be supplied for CSWIP 3.1, 3.2 welding Inspector exams, and appropriate CSWIP NDT exams, as described in latest relevant CSWIP documents. 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.

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

Verifying signature (employer or equivalent): (handwritten signature required)

CANDIDATE - PLEASE NOTE:

Telephone no.: Email Address:

Date:

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:

(handwritten signature required)