## 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. 8, Jalan TSB 10 Sg. Buloh Industrial Park 47000 Sg. Buloh, Selangor, Malaysia

Tel.: +603-61573528 / 7 /6 *Fax.* +603-61572378

E-mail: inquiry@twisea.com

PLEASE USE CAPITAL LETTERS THROUGHOUT				
Personal Information:  I'WI Candidate ID Number: (if taken other examinations with TWI)				
Course ref Course date				
Course title				
T. H I/C P				
Full name as I/C or Passport				
Date of birth (dd/mm/yy)				
Permanent private address				
Postcode 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 relevant to this course or examination? Yes o No o

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

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Please tick:				
Self - Sponsored Company Sponsored				
<del>-</del>				
WIM/WJS/TWI Industrial MEMBERS ONLY: To claim your discount (course fee only) please enter your Membership No:				
WIM Membership No.:				
TWI Industrial No WJS 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 required.				
<b>METHODS OF PAYMENT</b> 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 : TWI Technology (S.E.Asia) Sdn Bhd				
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				
CDONCODIC CYCNA TYPE				
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: Kuala Lumpur Miri				
Others: (please specify)				
Where did you hear about TWI Ltd?				
o TWI Training website o TWI Training newsletter				
o Bulletin / Connect o NDT Cabin				
o BINDT Publications o Other				
Internal Use Only				

Booking Ref: \_\_\_

Examination Applied For (to be completed in full by all applicants)

	<b>Examination Type</b> : 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	
	ND1 Method (please circle)	RPS LRUT Dig Rad PAUT AUT TOFD ACFM	
	Industry Sector: Aerospace, Welds, Wrought, Railway, General		
	Categories:		
	Welding Inspection (please circle)	Level 1 Level 2 Level 3.2.1 Level 3.2.2 CSWIP/AWS  AWS/CSWIP Supervisor Instructor Endorsement	
	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		
I con DOC certif	UMENT No. CSWIP-WI-6-92, 10th Edition January 2011 a ications issued.  The tick the appropriate box and give a detailed statement of hoyer/third party -  al Welding Inspector (Level 1)	y requirements as laid down in the CSWIP Requirement Documents – and understand that any fraudulent claim may result in the retraction of any how you meet the requirements, this must be signed and verified by an recommended that candidates possess a minimum of six months' welding	
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Weld	ling Inspector (Level 2)		
	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 minimu	um 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 n	minimum of 5 years.	
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Senio	or Welding Inspector (Level 3)		
	Certified Welding Inspector (Level 2) for a mining	mum 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 di independently verified.	uties and responsibilities listed in Clause 1	1.2.3,
Weld	ling QC Co-ordinator		
	A current valid CSWIP 3.2 Senior Welding Insperesponsibilities or an international equivalent.	ector certification plus three years docume	ented experience related to the duties and
	A current valid CSWIP 3.1 Welding Inspector w international equivalent.	vith 10 year's documented experience related	ed to the duties and responsibilities or an
NDE	Pre-certification experience		
	examinations, this is not a pre-requisite for examinatided. This experience must be verified by your employ		rded until the experience is gained and evidence
T7 •0	er.		
Verif Name	tter e (in capitals):		
Comp			
Positio	ion:		
Telepl	hone no.:		
Email	1 Address:		
Date:			Authenticated Company Stamp
To b	e completed by all applicants applying to attend	d CSWIP Plant Inspection Examinati	ions –
Requ	nfirm that I have read and comply with the pre exuirements Documents – <b>DOCUMENT No. CSW</b> certification issued.		
	se tick the appropriate box and give a detailed n employer/third party –	d statement of how you meet require	ements, this must be signed and verified
Plan	nt Inspection (Level 1)		
	I hold current approved NDT Level 2 (ACC (BGAS Painting Inspector and CSWIP 3.1 V		acceptable as methods)
	I hold CSWIP 3.1 Welding Inspector or high	her	
	I hold ONC in Mechanical Engineering or ea	equivalent	

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	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
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t]	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
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l	best of my belief, the candidate's statement given above is correct at the time of signing.
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## **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. These purposes have been notified under the Data Protection Act 1998. The data may also be used to send separate unsolicited mailings containing details of events, new services, products etc.

You have the right to ask TWI Ltd NOT to send such mailings. If you do not wish to receive this information from TWI Ltd, please tick this box! . You have the right of access to personal data that we hold about you, on payment of the access fee not exceeding £10. Requests should be addressed to The Data Controller, TWI Ltd, Granta Park, Gt Abington, Cambridge CB21 6AL, UK.

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'S SIGNATURE:**