TRA05/EX07 Doc 1

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

### **TWI Training & Examination Services**

TES Canada Inc

 $\#36,\,4620$  Manilla Road SE,Calgary, AB, Canada, T2G 4B7

Tel: +1 (0) 403 245 5548

info@tescan.ca

Personal Information	(PLEASE USE CAPITAL LETTERS THROUGHOUT)							
TWI Candidate ID Number: (If known)								
Event title	_							
Event date								
Candidate's Family Name (as	per ID / Passport)							
Candidate's Middle Name (as	per ID / Passport)							
Candidate's Given Name (as p	per ID / Passport)							
Date of Birth	D D M M Y Y Y Y							
Permanent private address								
Postcode:	Car Reg. No							
Drivete Tell								
Emergency Tel.:								
E-mail:								
Correspondence address (if	different from above)							
Invoice address (if different for	rom below)							
Sponsoring Company and Address								
	Postcode:							
Contact Name:								
Tel.: E-mail:	Fax:							
Do you have a disability or any s relevant to this course or examin	Yes   No							

Pleas	se tick:	☐ Self-spons	ored	$\square$ Company sponsored					
Methods of Payment (The E-transfer method is preferd) Bookings received without payment / order Number will be treated as provisional, which does not guarantee a place.  1) E-transfer to accounting@tescan.ca     It's an auto deposit account, no need security question/ password. 2) Direct deposit/Wire transfer. TES Canada Bank account info below. 3) By Cheque. It can be mailed to:     TES Canada Inc.     1520, 240-70 Shawville Blvd SE, Calgary, AB, Canada, T2Y 2Z3  Bank Name: RBC (Royal Bank of Canada) Account Name: TES CANADA INC. Account No:1070812 Transit No:02299 Institution No:003 RBC Address:Royal Bank of Canada, 250 Shawville Blvd SE, Calgary, AB, Canada (Postal code T2Y 2Z7)  SWIFT Code: ROYCCAT2 Sort code: //CC000302299 IBAN code: 003107081202299									
Spon	sor's signature:								
<u> </u>		(Handwritten si	gnature re	quired)					
Venu	ie								
	Calgary	☐ Toror	nto	☐ Quebec					
	Edmonton	☐ Ontai	rio	☐ Vancouver					
	Brazil	☐ USA		☐ New Brunswick					
Who	re did you hear	about TWLLtd	12						
VVIIE	•		· · ·	LinkedIn					
	TWI Corporate								
	CSWIP Website			Facebook					
Ш	Email marketing	1	Ш	NDT News / Insight					
	Bulletin / Conne	ct		Exhibitions / Events					
	Google search			Word of Mouth					
	Other (please sp	pecify)							
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									
	e relevant Certifi	•		completion of the certification					
Pleas	se tick if you ar	е							
	a member of Th	e Welding & Jo	ining So	ociety					
	an employee of	an Industrial M	ember o	f TWI					
Internal Use Only  Booking Ref:									

# 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	☐ PCN			AWS	☐ BGAS		A	ASNT			
PCN or BGAS Approval Number:													
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)         □         AWS→CSWIP										Р			
☐ Endorse	ment	☐ Instructor		☐ Superviso	or	□ QC C	Coordinator	☐ AS	ME IX				
Pre-certification experience  CSWIP Welding 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.													
Please tick relev	ant box (	this must be signed an	d verified by	an employer/third p	oarty)								
VWI (3.0)													
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 We	elding Insp	ector for a minimu	um of 2 y	ears with job re	esponsibilities i	n the areas	s listed in 1	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	Hold current valid Senior Welding Inspector or international equivalent.										
		Certified Welding Inspector with five years relevant verified work experience or international equivalent											
ASME IX		A HNC in Welding	Fabricatio	n									
Working in quality control function related to welding activities with five years of verified working experience (this could relate to a CSWIP WI (3.1) holder													
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	3		□ RPS		
□ UT		□ PAUT			TOFD		AUT		□ UTC	CM		□ PACM		
☐ 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 6	experie	nce				ı								
					inimum requiremer ase refer to the late									
Please tick relevant l	box (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	or ASNT) in	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 N	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 detailed statement of how you meet the requirements (this must be signed and verified by an employer/third party)														
Section 6: Other examinations (to be completed in full by all candidates for any other examinations)														
Please tick and specify exam title as required														
☐ Plastic weldi		,	Offsho	ore visu	ial Inspector		BGAS							
Examination title re	equired:	:				1								
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.

## 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.

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.

#### Verifier details

Name (in capitals):

PALANIYANDI KARTHIKEYAN ALLSEAS - Q C SUPFENISOR

Company & position:

Professional relation to the candidate:

C SUPERY/SOR

31 107 130 830 Telephone no.:

Email Address: audyage@allseas.com

> Date: 2021

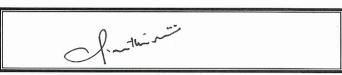


Authenticated Company Stamp

#### Verifier's declaration:

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)