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 Test Event ITT TWI Candidate 12 19 19 19 19 19 19 19 19 19 19 19 19 19						(PLEASE USE CAPITAL LETTERS THROUGHOUT)							
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Do you have a d relevant to this					ls	Yes	s		No	✓			

Please tick:	✓ Self-spor	nsored	✓ Co	ompany 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 (Roy Account Name: TES C/ Account No:1070812 Transit No:02299 Institution No:003 RBC Address:Royal Ba (Postal code T2Y 2Z7)	ANADA INC.		lle Blvd SE, Ca	algary, AB, Canada					
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Other (please s	респу)								
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 a	e								
a member of The Welding & Joining Society									
an employee of an Industrial Member of TWI									
Internal Use Only	Booking	Ref [.]							

TW/I enrolment form

TRA05/EX07 Doc 1

Settion 1: Eanina non Applicate on the amount of all applicants)

Examination Type		Initial		supplementary		renewal		bridging			est of a previously failed imination
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PCNEAR SECTION - Method, Level, Industrial sector and (where appropriate) UT category											
Current CSWIP qualifications held: Method											
Section 2: CSWIP Welding Inspection examination (to be completed in full by all candidates for Welding Inspection Examinations)											
Please by ticking the	box indica	te the examination	on of your	Rad Interpre	t		CR/	DR			CRI DRI
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Endorseme Appr	eciatio	Instructor QC Coordinator ASME IX									
Pre-certification	experien	ce			num rec	quirements				ation experie	nce. Compliance with these
re <mark>ପ୍ରମାଧିକା</mark> ents is aı	n essentia	l part of the eli	gibility cri	iteria. Please refer	to the la	atest versi			document pu	blished on th	e CSWIP website.
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vwi A Inଔଧର୍ଥtrial sଞ	though th	ere is no speci Lexperience ar ategory	fic experi nd two ye	ience requirement i ears industrial expe	t is reco rience.	ommende	that can	didates p	oossess a mi	nimum of six	months' welding related
				,					-		n Clause 1.2.2 under Wrought Forgir
(3.1) UT Categories UT Categories 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.											
Industrial									o aroas listo	d in 1 2 1 1 1	2.2 and 1.2.2
Industrial experience 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) Experience is note as essential opering a unimportant point in the areas listed in 1.2.1, 1.2.2 and 1.2.3.											
the A current valid CSWIP 3.2 Senior Welding Inspector certification plus three years documented experience related to the duties and experience satisfyingbilinese என்றும் கூடியாகம் வெறு பார்கள் கூடியாகம் கூடியாகம் பார்கள் கூடியாகம் பார்கள் கூடியாகம் பார்கள் கூடியாகம் பார்கள் கூடியாகம் பார்கள் கூடியாகம் பார்கள் கூடியாகம்											
A current valid CSWIP 3.1 Welding Inspector with 10 year's documented experience related to the duties and responsibilities or an international equivalent.											
Section	1 5 : Cer	d current valid Plant tified Welding I	Senior W INS nspector	Yelding Inspector or PECTION with five years rele	internat (to evant ve	tional equi be con erified worl	valent. 1pletec (experier	in ful	l by all call call ender the call of the c	andidates	s for CSWIP Plant Inspecti
ASME IX Please by tic	king the	INC in Welding	Fabricati	ion examination of	your (choice					
Leve		Working in quality control function related to welding activities with five years of verified working experience (this could relate to a CSWIP									
Pl Pre give a detaile	ed statemer	nt of how you me	et the requ	uirements (this must b	e signed	d and verifie	d by an em	ployer/thii	rd party)		
None CSWIP Pla	nt Insr	ection Sc	heme	document st	inulat	es the	minim	ım red	nuiremer	nts on the	industrial pre-certification
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Section 3.	Unde	nwaters ⁱ n	spect	୨୫୩ ୫୯ ୫୩୧ ୭୯	and in E	by anala	PPIUP U 7	f191r@\$}}	VIFyU nderwa	ter Inspection	n Examinations)
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Plant Inspe	ction		I hold	a valid Leve	l 1 Pla	ant Ins	pector	appro	val		
Level 2		I have successfully completed the Level 1 exams as a pre entry requirement									

Section 6: Other examinations (to be completed in full by all candidates for any other examin

Please tick and specify exam title as required

Plastic welding Offshore visual Inspector BGAS

Examination title required:

Pre

CSWIP and BGAS Scheme documents stipulates the minimum requirements on the industrial pre-certification expe is an essential part of the eligibility criteria. Please refer to the latest version of scheme document published on the

Please contact TWI Customer Services for advice on relevant forms and documentation required.

TWI enrolment form

Section 7 Candidate's declaration (to be completed in full by all applicants)

I understand that TWI Ltd its associated trading companies companies, organisations, agents cessing data its by

I agree the Health & Safety and Security information provided

I understand that occasionally images of training and examinations are taken by TWI for publicity and other purposes and that permis unless I make it known to Customer Services at registration that I do not wish to feat

I confirm that I have read and comply with the pre examination entry requirements as laid down in the latest version of CSWIP Requirements and understand that any fraudulent claim may result in the retraction of any certificate issued. I have read and understood the docume 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 a mapplying. In particular I agree to comply, if applicable, with the CSWIP rules on use and misuse of certificates and on professional contents.

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 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 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 rec

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 exam eligibility process. The verifier will not be contacted by TWI for any marketing or promotional purposes, and outside TWI or CSWIP certification body.

Verifier details

Name (in capitals):

Company & position:

Professional relation to the candidate

Telephone no.:

Email Address:

Date:

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)