

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

## TWI Training & Examination Services

### TWI MIDDLE EAST FZ - LLC

Knowledge Village,  
Block 11, Office no. F-10  
P.O. Box 502931,  
Dubai, UAE

Tel.: +971 4 458 66 57

[enquiries@twime.com](mailto:enquiries@twime.com)

Agent name:

### 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 per ID / Passport)

Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent private address

Postcode: \_\_\_\_\_ Car Reg. No \_\_\_\_\_

Private Tel.: \_\_\_\_\_

Emergency Tel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Correspondence address (if different from above)

Invoice address (if different from below)

Sponsoring Company and Address

Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have a disability or any special needs relevant to this course or examination?

Yes  No

(If yes, please let us know details of any adjustments you may require).

Please tick:

Self-sponsored

Company sponsored

### 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.

### Bank Transfer

Made payable to: TWI Middle East FZ-LLC Swift Code: NBADAEAA

Bank Name: First Abu Dhabi Bank PJSC (FAB)

Address: P.O Box 118977, Dubai, United Arab Emirates

Currency	Account Number	IBAN Number
AED	129132 1955763 010	AE670351291321955763010
USD	129132 1955763 021	AE610351291321955763021
GBP	129132 1955763 032	AE550351291321955763032
EUR	129132 1955763 043	AE490351291321955763043

or Company order No: \_\_\_\_\_

Approving manager's name: \_\_\_\_\_

If you wish to pay by Credit Card please call Customer Services who will take payment details on +971 4 458 66 57

Sponsor's signature:

(Handwritten signature required)

### Venue

- |  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> Abu Dhabi     | <input type="checkbox"/> Dubai     | <input type="checkbox"/> Dammam |
| <input type="checkbox"/> Jubail        | <input type="checkbox"/> Al Khobar | <input type="checkbox"/> Jizan  |
| <input type="checkbox"/> Jeddah        | <input type="checkbox"/> Yanbu     | <input type="checkbox"/> Riyadh |
| <input type="checkbox"/> Bahrain       | <input type="checkbox"/> Muscat    | <input type="checkbox"/> Sohar  |
| <input type="checkbox"/> Alexandria    | <input type="checkbox"/> Cairo     | <input type="checkbox"/> Lagos  |
| <input type="checkbox"/> Port Harcourt | <input type="checkbox"/> Others    |                                 |

### Where did you hear about TWI Ltd?

- |   |   |
|---|---|
| <input type="checkbox"/> TWI Corporate Website  | <input type="checkbox"/> LinkedIn             |
| <input type="checkbox"/> CSWIP Website          | <input type="checkbox"/> Facebook             |
| <input type="checkbox"/> Email marketing        | <input type="checkbox"/> NDT News / Insight   |
| <input type="checkbox"/> Bulletin / Connect     | <input type="checkbox"/> Exhibitions / Events |
| <input type="checkbox"/> Google search          | <input type="checkbox"/> Word of Mouth        |
| <input type="checkbox"/> Other (please specify) |   |

### 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 are

- a member of The Welding & Joining Society
- an employee of an Industrial Member of TWI

### Internal Use Only

Booking Ref: \_\_\_\_\_

## Section 1: Examination Applied For (to be completed in full by all applicants)

<b>Examination Type</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> supplementary	<input type="checkbox"/> renewal	<input type="checkbox"/> bridging	<input type="checkbox"/> retest of a previously failed examination
<b>Examination Body</b>	<input type="checkbox"/> CSWIP	<input type="checkbox"/> PCN	<input type="checkbox"/> AWS	<input type="checkbox"/> BGAS	<input type="checkbox"/> ASNT
<b>PCN or BGAS Approval Number:</b>					
<b>Current CSWIP qualifications held:</b>					

## 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

<input type="checkbox"/> VWI (3.0)	<input type="checkbox"/> WI (3.1)	<input type="checkbox"/> SWI (3.2.1)	<input type="checkbox"/> SWI (3.2.2)	<input type="checkbox"/> AWS→CSWIP	
<input type="checkbox"/> Endorsement	<input type="checkbox"/> Instructor	<input type="checkbox"/> Supervisor	<input type="checkbox"/> QC Coordinator	<input type="checkbox"/> ASME 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 relevant box (this must be signed and verified by an employer/third party)

<b>VWI (3.0)</b>	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.				
<b>WI (3.1)</b>	<input type="checkbox"/>	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.			
	<input type="checkbox"/>	Certified Visual Welding Inspector for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1 and 1.2.2.			
	<input type="checkbox"/>	Welding Instructor or Welding Foreman/Supervisor for a minimum of 1 year.			
<b>SWI (3.2.1 &amp; 3.2.2)</b>	<input type="checkbox"/>	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.			
	<input type="checkbox"/>	5 years' authenticated experience related to the duties and responsibilities listed in Clause 1.2.3, independently verified.			
<b>Welding QC coordinator</b>	<input type="checkbox"/>	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.			
	<input type="checkbox"/>	A current valid CSWIP 3.1 Welding Inspector with 10 year's documented experience related to the duties and responsibilities or an international equivalent.			
<b>ASME IX</b>	<input type="checkbox"/>	Hold current valid Senior Welding Inspector or international equivalent.			
	<input type="checkbox"/>	Certified Welding Inspector with five years relevant verified work experience or international equivalent			
	<input type="checkbox"/>	A HNC in Welding Fabrication			
	<input type="checkbox"/>	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 of your choice

<input type="checkbox"/> 3.1U	<input type="checkbox"/> 3.2U	<input type="checkbox"/> 3.3U	<input type="checkbox"/> 3.4U	<input type="checkbox"/> A-SCAN	<input type="checkbox"/> Concrete
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### 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.

## 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*

<input type="checkbox"/> PT	<input type="checkbox"/> MT	<input type="checkbox"/> VT	<input type="checkbox"/> ET	<input type="checkbox"/> ACFM	
<input type="checkbox"/> RT	<input type="checkbox"/> Rad Interpret	<input type="checkbox"/> CR/DR	<input type="checkbox"/> CRI / DRI	<input type="checkbox"/> BRS	<input type="checkbox"/> RPS
<input type="checkbox"/> UT	<input type="checkbox"/> PAUT	<input type="checkbox"/> TOFD	<input type="checkbox"/> AUT	<input type="checkbox"/> UTCM	<input type="checkbox"/> PACM
<input type="checkbox"/> Appreciation	<input type="checkbox"/> Basic	<input type="checkbox"/> Phasor DM			

*Level*

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3			
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*Industrial sector & category*

<b>Industry Sector</b>	<input type="checkbox"/> General	<input type="checkbox"/> Welds	<input type="checkbox"/> Castings	<input type="checkbox"/> Wrought	<input type="checkbox"/> Forgings	<input type="checkbox"/> Tubes & Pipes	<input type="checkbox"/> Aero
<b>UT Categories</b>	<input type="checkbox"/> 3.1	<input type="checkbox"/> 3.2	<input type="checkbox"/> 3.7	<input type="checkbox"/> 3.8	<input type="checkbox"/> 3.9	<input type="checkbox"/> Critical sizing	

**Industrial 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 Examination 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. Please use the form **NDT 15A** (CSWIP) or **PSL/30** (PCN).

## Section 5: Plant Inspection (to be completed in full by all candidates for CSWIP Plant Inspection Examinations)

Please by ticking the box indicate the examination of your choice

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Endorsement		
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**Pre-certification experience**

CSWIP Plant 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 scheme document published on the CSWIP website.

Please tick relevant box (this must be signed and verified by an employer/third party)

Plant inspection Level 1	<input type="checkbox"/>	I hold current approved NDT Level 2 (ACCP, CSWIP, PCN or ASNT) in two methods, one of which must be Ultrasonic
	<input type="checkbox"/>	I hold CSWIP Welding Inspector or higher
	<input type="checkbox"/>	I hold HNC in Mechanical Engineering or equivalent
	<input type="checkbox"/>	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
Plant Inspection Level 2	<input type="checkbox"/>	I hold a valid Level 1 Plant Inspector approval
	<input type="checkbox"/>	I have successfully completed the Level 1 exams as a pre entry requirement

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

<input type="checkbox"/> Plastic welding	<input type="checkbox"/> Offshore visual Inspector	<input type="checkbox"/> BGAS	
Examination title required:			

**Pre-certification experience**

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](http://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):

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Company & position:

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Professional relation  
to the candidate:

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Telephone no.:

---

Email Address:

---

Date:

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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)