

Magnetic Flux Leakage Course Enrolment Form

STUDENT DETAILS PLEASE USE BLOCK LETTERS

Student First Name ¹ :		Date of Birth: / /	
Student Surname ¹ :			
Address ¹ :			
Suburb/City:		State:	Post Code:
Phone:		Mobile:	
Student Email ¹ :			
Payment of Fees by: <input type="checkbox"/> Student <input type="checkbox"/> Company <small>By default, where course fees are paid by the company, course feedback and results may be provided to the student's employer, without prior consent. If you do not wish this to happen please initial the box to the right.</small>			

¹ The name and address supplied above will be used for all correspondence including certificates and letters of results.

COMPANY DETAILS – only required if Company is responsible for payment of fees

Company Name:		
Billing Address:		
Suburb/City:		State:
Contact Name:		Email:
Email for Invoice:		
Telephone:		
Company Purchase Order No: (Only for Approved Purchasers)		

¹ The name and address supplied above will be used for all correspondence including certificates and letters of results.

COURSE DETAILS

Course	Venue	Dates	Fees
Magnetic Flux Leakage (MFL)			

I understand the following conditions of enrolment and acknowledge by my signature:-

- This Enrolment is subject to the scheduled course proceeding. In the unlikely event that this course(s) is cancelled, all monies paid to ATTAR will be refunded in full.
- I have read and I understand the ATTAR Student Handbook.
- Satisfactory completion of an ATTAR training course is only part of the process that may be required for attaining certification. For further information on gaining or applying for certification please refer to the applicable certification body.
- For all exams, my results and details may be supplied to the applicable Certification Body.
- **I will not be allocated a place on my nominated course(s) until all course forms have been completed and course fees have been paid in full.**
- I acknowledge the pre-requisites for this course as detailed on page 2.

Student Signature:	Date: / /
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Magnetic Flux Leakage Course Enrolment Form

Student name:	Date of birth: / /
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Pre Requisites: The Student listed above hereby declares that:

Magnetic Flux Leakage (MFL):

- a) I understand that this course requires basic maths knowledge¹.
- b) I understand that this course has a pre-requisite of current ultrasonic skills and knowledge applicable to Tank Bottom Testing.
- c) I understand that on the commencement of the course I will be examined on my basic maths and Ultrasonics knowledge to confirm suitability to attend the course, and may be removed from the course if my knowledge is deemed inadequate.
- d) I understand that for AINDT Certification a prerequisite of Ultrasonics Level 2 or UT CORR is required.

Equipment:

For the practical exam, students will be assessed against their company procedure.

Therefore students need to provide the following:

- a) MFL Unit and Calibration pieces as nominated by their company procedure.
- b) Ultrasonics Unit and Probes as nominated by their company procedure.
- c) Company procedures for MFL Inspection & UT prove-up.

No enrolment will be processed without completion of this form and payment in accordance with ATTAR's normal terms and conditions (which can be found on our website www.attar.com.au).

¹Maths prerequisite worksheets can be located at www.attar.com.au or contact ATTAR if you require them to be sent by hard copy.

Some NDT methods involve the use of electromagnetic fields. This may affect electronic devices including Pacemakers, Insulin Pumps, etc. Please contact ATTAR should you have any questions or concerns.

The student listed above understands and authorises by their signature below the declarations outlined in this Enrolment Form

Student Signature:	Date: / /
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Magnetic Flux Leakage Course Enrolment Form

Student name: _____	Date of birth: / /
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PAYMENT DETAILS

Payment of Fees by: (please tick) Company Student

I wish to pay my course fees of \$ _____

by: (please tick payment method)

Company Purchase Order – A copy of the Company Purchase Order for **the full course fee must** be supplied with this Enrolment Form

Name of Account: Engineering Materials Evaluation Pty Ltd
Account Number: 02-785-2676
BSB No: 083-004
Bank: National Australia Bank Ltd
Reference: SURNAME AND COURSE ABBREVIATION (i.e. UT)

Please forward notification of payment to Email: accounts@attar.com.au

Cheque/Money Order payable to: ATTAR
Postal address: 44 – 48 Rocco Drive, Scoresby VIC 3179

Credit Card: Mastercard Visa AMEX*

Card Number		Exp Date	/
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* CARD Security Code _____

Cardholders Name: _____

Contact Phone: _____

Signature: _____

Date: _____

Cancellation, Transfer & Refund Policy (Summary):

- For a full refund of fees, all cancellations or transfer requests must be received in writing at least 14 calendar days prior to course commencement.
- Any cancellations or transfer requests received within 7 – 14 calendar days of course commencement will result in an Administration fee of \$250.00 with the balance of fees to be transferred to a future course scheduled no later than 1 year after the original course dates.
- Any withdrawal or cancellation within 7 calendar days of course commencement where ATTAR is unable to replace your enrolment (or during the course) will result in forfeiture of all fees
- A copy of the full **Cancellation, Transfer & Refund Policy** can be downloaded from the download section of www.attar.com.au or by contacting us.

Privacy Statement (Summary): ATTAR recognises that the privacy of customer personal information is paramount. ATTAR manages your personal information in accordance with the National Privacy Principles relevant to our business. A copy of the full **Privacy Policy** can be downloaded in the download section of www.attar.com.au or by contacting the Technical Director NDT.

Before submitting this Course Enrolment Form to ATTAR, please check the following:-

- I have signed and dated each page of this Student Enrolment Form
- I have completed the Student Pre-requisite information for AS3998/ISO9712 Enrolment
- I have completed the payment details required
- My Name and Date of Birth are clearly legible

Enrolments cannot be accepted unless all pages have been completed and full payment supplied.
Please forward you completed Enrolment form to: training@attar.com.au