

# **Pressure Vessel Inspection Course Enrolment Form**

Student First Name <sup>1</sup> :			Date	of Birth:	1	1
Student Surname <sup>1</sup> :			•			
Address¹:						
Suburb/City:		State:	Post	Code:		
Phone:		Mobile:				
Student Email¹:						
employer, without prior consent.	Student Compression of the company o	dback and results no please initial the box	to the right.			
	·	_				
COMPANT DETA Company Name:	ILS – only required if Com	pany is respons	ible for payr	ment of fees		
Billing Address:						
Suburb/City:		State:	Post	st Code:		
Contact Name:		Email:	1.000			
Email for Invoice:		Ziliuli.				
Telephone:						
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Company Purchase C	order No: (Only for Appre	aved Purchas	are)			
Company Purchase C	rder No: (Only for Appro	oved Purchas	ers)			
	rder No: (Only for Appro		ers)			
				Total Co Pa	ourse yable	Fees
COURSE DETAILS	- refer page 2 for module  Venue	information				Fees
Course	- refer page 2 for module  Venue	information				Fees
COURSE DETAILS  Course  PVI Modules 1 & 2  PVI Module 2 only  understand the follow  This Enrolment is subjections	- refer page 2 for module  Venue	information  Date  ment and acking or conceeding. In the	s	Pa by my sigi	yable	·e:-
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Course  PVI Modules 1 & 2  PVI Module 2 only  understand the follow  This Enrolment is subject cancelled, all monies put have read and I understand the course of the cour	Venue i.e. Melbourne or Perth  ving conditions of enrolr ect to the scheduled course aid to ATTAR will be refunde	ment and acking proceeding. In the din full.	nowledge the unlikely e	by my sign	natur s cou	<b>'e:-</b> irse(s) is
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Student name:			te of birth:	1 1	
COURSE CONT	ENT				
MODULE ONE: MODULE TWO:	Introduction to NDT - Pressure Vessel Insp	•			
Course Total:	10 days (80 hours)				
Candidates wishing	to be exempt from Int	roduction to NDT must supply evid	dence of their N	IDT Certific	ate/s.
I wish to attend: Please tick the appli	cable item				
МОІ	DULE ONE & TWO				
MOI	DULE TWO ONLY (I I	nave attached evidence of my ND	T Certificate/s)		
PRE-REQUISITE	E INFORMATION				
<ul> <li>Math – Bas</li> </ul>	Literacy & Numeracy sic Math Skills includir echnology/Multisecto	ng Algebra			
MATERIALS TE	CHNOLOGY PRE	-REQUISITE			
I have previou	usly completed the Mate	rials Technology (Multi-Sector) course	e. Date of Course	:	
I will be atten	ding the Materials Techr	nology (Multi-Sector) course. Date of C	Course:		-
I will not be at knowledge:	tending Materials Techr	nology (Multi-Sector) but declare that	have the followi	ng pre-requis	site
		Casting processes and applications	Composite pro		
Basic welding	ı metallurgy	Casting processes and applications		cesses and ap	plication
	netallurgy esses and applications	Casting defects/discontinuities	Composite def	<u> </u>	<u>'</u>
Welding proce	,			ects/discontinu	ities
Welding proce Weld defects/	esses and applications	Casting defects/discontinuities	Composite def	ects/discontinu cts/discontinuit	ities ies
Welding proce Weld defects/	esses and applications (discontinuities) s and symbols	Casting defects/discontinuities  Basic forging metallurgy	Composite defe	ects/discontinu cts/discontinuit s/discontinuitie	ities ies es
Welding procedure Weld defects/ Welding terms Basic casting	esses and applications (discontinuities s and symbols metallurgy	Casting defects/discontinuities  Basic forging metallurgy  Forging processes and applications	Composite defines In-service deferences defect Relevant codes	ects/discontinu cts/discontinuit s/discontinuitie s and standard	ities ies es



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St	udent name:		Date of birth: / /		
PA	YMENT DETAILS				
Payr	ment of Fees by: (please tick)	☐ Company	Student		
I wish	to pay my course fees of \$	<u> </u>			
by:	(please tick payment method)				
		y applicable if you are an approv se fee must be supplied with this E	ed Purchaser. A copy of the Compar nrolment Form.		
	Name of Account: Account Number: BSB No: Bank: Reference:	Engineering Materials Evaluation 02-785-2676 083-004 National Australia Bank Ltd SURNAME AND COURSE ABBR			
Pleas	se forward enrolment and/or notifi	cation of payment to Email: <u>train</u>	ing@attar.com.au		
	Cheque/Money Order payable to Postal address: 44 – 48 Rocco				
	Credit Card: Please contact	t our office to provide your credit ca	ard details		

#### Cancellation, Transfer & Refund Policy (Summary):

- a) 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.
- b) 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.
- c) 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
- d) 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 <a href="www.attar.com.au">www.attar.com.au</a> or by contacting the General Manager of NDT and Training.

#### 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 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 your completed Enrolment form to - training@attar.com.au