

ISO 9712 Ultrasonics Level 1 (UT1) Course Enrolment Form

STUDENT DETAILS PLEASE USE BLOCK LETTERS Student First Name1: Date of Birth: 1 1 Student Surname1: Address1: **Post Code:** Suburb/City: State: Phone: Mobile: Student Email1: Payment of Fees by: Student Company 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. 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:** State: **Post Code:** Suburb/City: Contact Name: Email: **Email for Invoice: Telephone: Company Purchase Order No: (Only for Approved Purchasers)** COURSE DETAILS Venue **Total Course Fees** Course **Dates** i.e. Melbourne or Perth **Payable** ISO 9712 Ultrasonics Level 1 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 Australian Institute for Non-destructive Testing (AINDT) This course includes AINDT exams (where applicable). For all exams, my results and details may be supplied to the AINDT. 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: 1 1



Student name):	C	ate of birth:	1	1
PRE-REQUIS	ITE INFORMATION - f	or ISO 9712 TRAINING AND	ASSESSMENT		
	Math Skills including Algebra hnology (or a knowledge of r				
The Student lis	ted above hereby declare	s that:			
of materials I have comp Training Pa I understanknowledge knowledge This course a 16-hour d class room material for will be emailed Some cand of the cours completed to	d that this course requires to processes). Deted the Maths Pre-requision of the commencement of the confirm suitability to attend to component shall be given to the distance learning along the distance learning along the distance successful endates may be eligible to obtain the Materials Technology (respectively).	coasic maths knowledge, Matsite Worksheets located at yoresent them to ATTAR. Int of the course I will be extend the course and may be reduration. This consists of a t. The course notes and traipon arrival at the ATTAR to with your online log in for rolment on the course with stain a credit of 16 hours for must hold a current ISO971 nultisector) 40 hour training e, tertiary study in a related	amined on my bacemoved from the 40-hour classroom aining materials fraining centre locate remote learn at minimum one the distance lear 2 multisector cerourse or other	u or industrial	cluded in the aths se if my apponent and 40 hour The training sessments to complete component on or have nised
		ements for the above course nent. Please indicate below it			•
I will supply the	following equipment: (Plea	se tick the appropriate Box))		
	Flaw Detector	Calibrated A Scan Fla	w Detector		
	Probes & Leads	Z ero Degree, 10 -12m crystal transducer.	m dia, 4 to 5 l	MHz tv	vin or single
	Probe Calibration Piece	es Step wedge or VI			



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St	udent name:		Date of birth: / /			
PA'	YMENT DETAILS					
Payı	ment of Fees by: (please tick)	☐ Company	☐ Student			
l wish	to pay my course fees of \$					
by:	(please tick payment method)					
	Company Purchase Order – Only applicable if you are an approved Purchaser . A copy of the Company Purchase Order for the full course fee must be supplied with this Enrolment Form.					
	Name of Account: Account Number: BSB No: Bank: Reference:	Engineering Materials Evaluation F 02-785-2676 083-004 National Australia Bank Ltd SURNAME AND COURSE ABBRE				
Pleas	se forward enrolment and/or notif	ication of payment to Email: <u>traini</u>	ng@attar.com.au			
	Cheque/Money Order payable to: ATTAR Postal address: 44 – 48 Rocco Drive, Scoresby VIC 3179					
	Credit Card: Please contact our office to provide your credit card details					

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.
- 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
- 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 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