

**STUDENT DETAILS PLEASE USE BLOCK LETTERS**

<b>Student First Name<sup>1</sup>:</b>		<b>Date of Birth:</b> / /
<b>Student Surname<sup>1</sup>:</b>		
<b>Address<sup>1</sup>:</b>		
<b>Suburb/City:</b>	<b>State:</b>	<b>Post Code:</b>
<b>Phone:</b>	<b>Mobile:</b>	
<b>Student Email<sup>1</sup>:</b>		
<b>Payment of Fees by:</b> <input type="checkbox"/> <b>Student</b> <input type="checkbox"/> <b>Company</b> 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 <b>do not</b> wish this to happen please initial the box to the right.		

<sup>1</sup> 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**

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

**COURSE DETAILS**

<b>Course</b>	<b>Venue</b> i.e. Melbourne or Perth	<b>Dates</b>	<b>Total Course Fees Payable</b>
Computed & Digital Radiography Level 2			\$

**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.

<b>Student Signature:</b>	<b>Date:</b> / /
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# COMPUTED & DIGITAL RADIOGRAPHY LEVEL 2 Course Enrolment Form

<b>Student name:</b> _____	<b>Date of birth:</b> /     /
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### PRE-REQUISITE INFORMATION - Pre-requisites for ISO 9712 Training and Assessment

- I understand that this course has a pre-requisite of current Radiography Level 2 (Welds) Certification, and a HIGH LEVEL comprehension of Level 2 Radiography Welds Theory.
- I understand that on the commencement of the course I will be examined on my Radiography Level 2 knowledge to confirm suitability to attend the course and may be removed from the course if my knowledge is deemed inadequate.

### RADIATION SAFETY LICENCE

Enrolments will not be processed without a copy of a current Radiation Safety Licence.

- I understand that I must supply a current Film/OSL/TLD badge for the duration of the course.
- I have attached a copy of my current Radiation Safety Licence.

### 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
- Direct Deposit (Details Below)
  - 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. ToFD)

**Please forward enrolment and/or notification of payment to Email: [training@attar.com.au](mailto:training@attar.com.au)**

- Cheque/Money Order payable to: ATTAR  
Postal Address:                      44 – 48 Rocco Drive, Scoresby VIC 3179
- Credit Card:     Mastercard     Visa     AMEX\*

<b>Card Number</b>		<b>Exp Date</b>	/
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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](http://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](http://www.attar.com.au) or by contacting the Technical Director NDT.

**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](mailto:training@attar.com.au)**