

# Request for Examination - NDT



## STUDENT DETAILS

Student First Name <sup>1</sup> :		Date of Birth: / /	
Student Surname <sup>1</sup> :			
Address:			
Suburb/City:		State:	Post Code:
Phone:			
Student Email <sup>1</sup> :			
Payment of Fees by: <input type="checkbox"/> Student <input type="checkbox"/> Company			
By default, where course fees are paid by the company, course feedback and results may be discussed with 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 email address above will be used for all correspondence including the letter of exam results.

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

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

## EXAM DETAILS:

*Method/Sector <i>e.g. UT2 Welds</i>	Exam <i>e.g. General, Specific or Practical</i>	Requested Location	Date of Previous Exam	Requested Date	Cost <i>Refer page 2</i>
Reason for examination - please tick: <input type="checkbox"/> Resit <sup>Note 1</sup> <input type="checkbox"/> Recertification <sup>Note 2</sup> <input type="checkbox"/> Other <sup>Note 3</sup>					
Practical revision / practice prior to exams: Candidates sitting practical exams may wish to do revision prior to exams. Please nominate the number of days revision you require. (Revision: \$250/day)				No. of Days:	Dates:

**Note 1:** Candidates who have sat or resat an exam for this method with an alternative AQB, in the last 2 years, must provide a copy of previous results. Failure to do so may result in disciplinary action by the Certification body.

**Note 2:** For recertification please supply a copy of current certification.

**Note 3:** Candidates sitting initial exams that have not trained with ATTAR must provide documentation to show that they have met the minimum requirements for training hours as required and defined by the applicable Certification Body.

Certification bodies have specific criteria regarding the validity of examination. Refer to the appropriate Certifying body for further information.

**For all exams, your results and details may be supplied to the applicable Certification Body.**

*UT, ET, PA – will you be supplying your own equipment – tick applicable <input type="checkbox"/> YES <input type="checkbox"/> NO	
Note: Where candidates supply the own ultrasonic sets, the use of pre-made data and setup files is not allowed. Candidates must ensure that all saved memory files are removed/deleted prior to attending the practical exam	
Radiography Practical Exam - Candidates must bring to the exam:	
• Current TLD/Film badge	• Copy of current Radiation Safety License

# Request for Examination - NDT



Student Name: \_\_\_\_\_

Date of Birth:     /     /

## EXAM FEES:

Initial and Recertification Exams		Re-sit of ATTAR Course Exams*	
General	\$350.00 each GST Exempt	General	\$200.00 each GST Exempt
Specific	\$350.00 each GST Exempt	Specific	\$200.00 each GST Exempt
Practical	\$450.00 each GST Exempt	Practical	\$250.00 each GST Exempt

**Practical revision / practice prior to exams: \$250/day GST Exempt**

\*Re-sit pricing only applies to exams held at ATTAR's training venues in Melbourne and Perth.

**PAYMENT DETAILS:**     Payment of Fees by: *(please tick)*    Company    Student

I wish to pay my 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.
- Direct Deposit  
Name of Account:             Engineering Materials Evaluation Pty Ltd  
Account Number:             02-785-2676  
BSB No:                         083-253  
Bank:                            National Australia Bank Ltd  
Reference:                     SURNAME AND COURSE ABBREVIATION (i.e. UT)

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: 1/64 Bridge Road, Keysborough VIC 3173

Credit Card:            Mastercard    Visa            AMEX\*

Card Number																							Exp Date									

\* CARD Security Code \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **I understand the following conditions and acknowledge by my signature:**

- Exam Requests will not be accepted unless signature and payment are supplied.
- ATTAR will issue confirmation by email of examination dates and times and the applicable invoice.
- ATTAR will provide a letter of exam results to the nominated email address.
- A minimum of 7 days written notice is required to change the date for a scheduled examination.
- Failure to provide 24 hours written notice of a postponement will result in full forfeiture of exam fees.
- I have read and I understand the ATTAR Student Handbook.
- For all exams, my results and details may be supplied to the applicable Certification Body.

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.

Student Signature: \_\_\_\_\_ Date     /     /

Please forward your completed form to – [training@attar.com.au](mailto:training@attar.com.au)