

Ultrasonics Level 2 (UT2) 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:			
Student Email ¹ :			
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 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:		
Suburb/City:	State:	Post Code:
Contact Name:	Email:	
Email for Invoice:		
Telephone:		
Company Purchase Order No: (Only for Approved Purchasers)		

COURSE DETAILS

Course	Sector i.e. Welds or Corrosion	Venue i.e. Melbourne or Perth	Dates	Total Course Fees Payable
Ultrasonics 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.

Student Signature:	Date: / /
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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

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Student name: _____	Date of birth: / /
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PRE-REQUISITE INFORMATION - TRAINING

Ultrasonics Level 1 (40 hours minimum), evidence to be provided.

- Materials Technology (or a knowledge of materials processes)
- Math – Algebra & Trigonometry. Pre-requisite worksheets can be located at www.attar.com.au
- Minimum of 6 months experience (recommended) - The training hours nominated by ISO9712 are based on candidates having sufficient Ultrasonics Level 1 knowledge, industrial experience and maths skills **prior** to course commencement. Additional training may be required where candidates do not meet this requirement.

PRE-REQUISITE INFORMATION - AINDT ISO9712 EXAMINATIONS

The AINDT ISO9712 Examinations held at the completion of this course are the certification exams. Candidates who do not possess the ISO9712 required minimum hours for industrial experience in this method and sector (nominally 1728 hrs) may find the examinations difficult. Candidates who do not have the required industrial experience may defer their examinations. Contact training@attar.com.au to arrange deferral.

Equipment:

ATTAR is able to supply all equipment requirements for the above courses; however some students prefer to be trained and assessed on their own equipment. Please let us know if you would prefer to bring your own equipment.

PAYMENT DETAILS

I 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: 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 enrolment and/or notification of payment to Email: training@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):

- 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 www.attar.com.au or by contacting the Technical Director NDT.