

Request for AINDT Examination - NDT Brisbane July 2024



APPLICATIONS CLOSE 27 June 2024

STUDENT DETAILS

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

¹The 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:	

PRACTICAL EXAM DETAILS:

Method/Sector	Level	Location	Date	Cost *	Select Required Exam
Magnetic Particle / Multisector	1 or 2	Aviation Australia, Eagle Farm	8 – 12 July 2024. Specific exam times to be confirmed.	\$450.00	<input type="checkbox"/>
Liquid Penetrant / Multisector	1 or 2			\$450.00	<input type="checkbox"/>
Ultrasonics / General Engineering	1			\$450.00	<input type="checkbox"/>
Ultrasonics / Welds	2			\$450.00	<input type="checkbox"/>
Reason for examination - please tick:		<input type="checkbox"/> Resit	<input type="checkbox"/> Recertification		

THEORY EXAM DETAILS:

Method/Sector/Type (eg: MT2/MS/General)	Level	Location	Date	Cost *	Select Required Exam
		Aviation Australia, Eagle Farm	8 – 12 July 2024. Specific exam times to be confirmed.	\$350.00	<input type="checkbox"/>
				\$350.00	<input type="checkbox"/>
				\$350.00	<input type="checkbox"/>
				\$350.00	<input type="checkbox"/>
Reason for examination - please tick:		<input type="checkbox"/> Resit	<input type="checkbox"/> Initial		

*GST Exempt

Exam Requirements (candidates to supply all equipment to carry out practical examinations)

UT: All Ultrasonic equipment (including calibration blocks) must be suitable for the inspection of samples to ISO16809/AS2207. Note: The use of premade memory files (including DAC) is not permitted and must be removed from the set before the examination commences, this will be verified by the examination invigilator. **MT/PT:** Candidates to supply their own equipment (ATTAR to provide consumables). All electrical equipment (Calibrated 240 AC Yoke, White light, Black light) supplied by the candidate must be tested and tagged showing test and tag expiry dates.

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Brisbane July 2024

Student Name: _____

Date of Birth: / /

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

Credit Card: Please contact the ATTAR office to provide credit card details.

I understand the following conditions and acknowledge by my signature:

- I understand the exam requirements nominated on page 1.
- 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.
- Failure to provide 14 days' notice of a cancellation will result in full forfeiture of exam fees.
- For all exams, my results and details will be supplied to the applicable Certification Body (AINDT).

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

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