



# SOUTHERN AFRICAN INSTITUTE OF WELDING

52 Western Boulevard (off Main Reef Road)  
City West, Johannesburg, 2029  
P.O. Box 527, Crown Mines, 2025

Telephone : +27 (011) 298 2100  
Fax : +27 (011) 836 4132

Please refer to our Website ([www.saiw.co.za](http://www.saiw.co.za)) for any information relating to the Training, Qualification and Certification of SAQCC-NDT personnel

## COURSE ENROLMENT APPLICATION

(Please complete in legible block letters)

**CANDIDATE NUMBER** \_\_\_\_\_  
(If known, else number shall be provided during the training course)

### COURSE DETAILS

<b>TITLE</b>			
<b>GROUP</b>		<b>CODE</b>	
<b>TRAINING DATES</b>	<b>Start Date</b>		<b>End Date</b>

### CANDIDATE INFORMATION

Surname \_\_\_\_\_

First Name(s) - In Full \_\_\_\_\_

Identity / Passport No. \_\_\_\_\_ Age \_\_\_\_\_

Postal / Residential Address \_\_\_\_\_ Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Cell No. \_\_\_\_\_

<b>MANDATORY:</b>	I declare that in the information provided above is accurate and true		
If not signed by the candidate, the application shall not be processed.	Candidate signature		Date

### ELIGIBILITY FOR TRAINING COURSE : Candidate must supply the following information

The SAIW Training Services (SAQCC - Authorised Training Organisation – ATO) verifies that the candidate has supplied the following required information:

a) Legible copy of applicant's identity document, Driver's license or Passport	<input type="checkbox"/>
b) Certified copies of Highest School grade passed / Proficiency Test score	<input type="checkbox"/>
c) Learner ships – Please provide proof	<input type="checkbox"/>
d) Certified copies of additional / Tertiary qualifications	<input type="checkbox"/>
e) Please provide proof of other qualifications	<input type="checkbox"/>

<b>ATB Representative</b>	<b>Signature</b>
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SAIW : OFFICE USE ONLY

**EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT**

Employer / Company Name	_____		
Contact Person	_____	Position held	_____
Postal / Business Address (Correct for invoicing purposes)	_____		
	_____	Code	_____
Tel. No.	_____	Fax. No.	_____
E-mail address	_____	Cell No.	_____
Order number	_____	Company VAT	_____

**EMPLOYER**  
(Ignore employer signatures of payment is made by candidate)

**I/We undertake to pay, in full, all SAIW training fees prior to the training course date in accordance with the published scale of fees.**  
(The candidate shall be issued with a booking confirmation for training as soon as full payment has been confirmed)

<b>Name of authorised company representative</b>	_____	<b>Designation</b>	_____
<b>Signature</b>	_____	<b>Date</b>	_____

**BANKING DETAILS**

<b>BANK</b>	First National Bank	<b>BRANCH</b>	Hyde Park	<b>BRANCH CODE</b>	255 805
<b>ACCOUNT NAME</b>	South African Institute of Welding	<b>ACCOUNT NO.</b>	505 236 54 470	<b>SWIFT CODE</b>	FIRNZAJJ

**BOOKING ARRANGEMENTS**

All training related queries can be forwarded to SAIW – Admin. Controller – Training Mrs. Laetitia Dormehl, ([dormehl@saiw.co.za](mailto:dormehl@saiw.co.za)) or Lillian Pin ([pinl@saiw.co.za](mailto:pinl@saiw.co.za)) / Fax (011 836 4132)

**Proof of full payment, thirty days prior to the start of the training course, is required to confirm booking**

**Cancellation of course bookings prior to thirty days of the course start date shall result in a full refund of fees already paid.**

**Full course fee shall be payable if cancellation of course bookings are within thirty day of the course start date.**

Additional information can be found on our website: [www.saiw.co.za](http://www.saiw.co.za)