



SAIW Certification

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

BANKING DETAILS

Account Name	SAIW Certification	Telephone	+27 (011) 298 2100
Bank	First National Bank	Branch No.	255 805
Branch	Hyde Park	Account No.	620 739 56850
Reference No	Surname & ID Number / Invoice Number	E-mail	bookings@saiw.co.za
		Website	http://www.saiw.co.za

Examination Application – Welding Technology	Account Number
CANDIDATE INFORMATION	Student No.

Examination Centre / Region	JHB	DBN	CPT	SEC	Other	
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COURSE / EXAMINATION DETAILS: Choose only and fill in / tick the relevant box

BASIC WELDING QUALITY CONTROL (BWQC)

	Exam Date	Initial	Rewrites						
			1st	2nd	3rd	4th	5th	6th	
Closed Book		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Welding & Fabrication Inspector – Level 1

	Exam Date	Initial	Rewrites						
			1st	2nd	3rd	4th	5th	6th	
Technology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Welding & Fabrication Inspector – Level 2

	Exam Date	Initial	Rewrites						
			1st	2nd	3rd	4th	5th	6th	
Closed Book		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Book		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

International Welding Inspection – Basic (IWI-B)

	Exam Date	Initial	Rewrites						
			1st	2nd	3rd	4th	5th	6th	
Technology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1 Bridging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rewrite Application – Welding Technology		Account Number	
CANDIDATE INFORMATION		Student No.	

PERSONAL DETAIL

Surname _____

First Name(s) - In Full _____

Identity / Passport No. _____ Age _____

Postal / Residential Address _____ Code _____

E-mail Address _____

Tel No. _____ Cell No. _____

MANDATORY: If not signed by the candidate, the application shall not be processed.	I declare that the information provided above is accurate and true. I understand the consequences of providing false information.	
	Candidate signature _____	Date _____

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 _____

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)

Name of authorised company representative	_____	Designation	_____
Signature	_____	Date	_____

BANKING DETAILS

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

EMPLOYER
(For employer signatures of payment is made by candidate)

ELIGIBILITY FOR EXAMINATION:

Candidate must supply the following information

- a) Legible copy of applicant's identity document, Driver's license, or Passport
- b) Proof of successful completion of recognised training program
- c) In the case of a **rewrite application** a copy of latest examination results shall be required
- d) In the case of a **recertification / revalidation** examination, a copy of the latest certificate shall be required
- e) In the case of a **transition examination**, a copy of the Recognition of Prior Learning (RPL) together with supporting evidence as required within the application form shall be required.
- f) Proof of Payment

The Authorised Training Body (ATB) must supply the following information:

- g) Evaluation and confirmation of the students' eligibility to attend the course
- h) Supporting student records such as:
 - i. Highest Secondary / School qualification achieved
(Optional Proficiency test results if no Maths and Science were taken at school)
 - ii. Current qualification / certification relating to this course
 - iii. Certified copies of additional / Tertiary qualifications
 - iv. Learner ships / Trade Qualifications – Please provide proof
 - v. Please provide proof (CV / Logbook) of other qualifications / Metal work Experience (Type & Duration)
 - vi. Vision Acuity records (optional)
- i) Attendance records
- j) Formative and / or Summative Assessment outcomes

SAIW Certification verifies that the candidate and ATB has supplied the required information and that the candidate is eligible to sit the examination. Please note that the submission of false information shall result in the examination application being decline

Certification Body Representative		Date	
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TERMS AND CONDITIONS

SAIW Certification reserves the right to cancel the holding of an examination at short notice, should student numbers not meet our minimum examination eligibility requirements. Candidates shall be informed of the cancellation two weeks prior to the training start date and arrangements will be made to book the candidate on the next available course. Should the student / applicant decide the alternative arrangement is unsuitable, the full course fees will be reimbursed in these circumstances. Personal costs relating to accommodation and travelling cannot be claimed.

If the course booking is cancelled by the applicant less than 30 (thirty) days prior to the training start date, then the cancellation charge will be equal to the full course cost and no refund is applicable.

If the course booking is cancelled by the applicant 30 (thirty) days or more prior to the training start date, a cancellation charge of 4% (and VAT) of the course fees will be charged by the SAIW Certification as an administration fee and the balance of the fees refunded to the applicant. In these circumstances only the balance of the course fees will be reimbursed and no personal costs relating to accommodation and travelling may be claimed by the applicant.

REQUIREMENTS WHEN YOU COME TO THE EXAMINATION

Documentation	Copy of ID / Passport / driver's license + Examination confirmation letter
Stationery	Scientific calculator, pen, pencil, highlighter, examination pad and 30cm ruler, protractor & eraser
Dress Code	<p>Practical Welding PPE – Full overall with long sleeves, gloves, helmet and safety boots</p> <p>NDT Long pants, shirt and safety boots at all times</p> <p>Other Courses Men & women: Long pants, shirt and closed shoes at all times</p>

DELIVERABLES

Please confirm your primary contact details so that communication channels can be maintained. Please note that it is your responsibility to change any of your personal details via the student portal accessible from the SAIW website

An **Examination Result Letter** shall be issued no later than 6 weeks after completion of examination.

This document forms part of your student records and is required for qualification / certification