

BANKING DETAILS

Account Name	SAIW			Telephone	+27 (011) 298 2143
Bank	First National Bank	Branch No.	255 805	Email	iiwcert@saiw.co.za
Branch	Hyde Park	Account No.	50523654470	Website	http://www.saiw.co.za
Reference No	Surname & ID Number / Invoice Number				

REGISTRATION APPLICATION

International Welding Inspector - Standard

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

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

REGISTRATION APPLICATION	International Welding Inspector - Standard	
CANDIDATE INFORMATION	Student No.	

	Route 1		Route 2	
Requirements	Copy of ID NOTE : Minimum age of 20 years	<input type="checkbox"/>	Copy of ID NOTE : Minimum age of 20 years	<input type="checkbox"/>
	Industrial Experience Logbook OR Curriculum Vitae NOTE : At least 2 years job related experience	<input type="checkbox"/> <input type="checkbox"/>	Industrial Experience Logbook OR Curriculum Vitae NOTE : At least 5 years job related experience	<input type="checkbox"/> <input type="checkbox"/>
	Senior Certificate (Matric), N3 or equivalent qualifications NOTE : Pass mark in Maths & Science subjects At least 2 years job related experience	<input type="checkbox"/>	Certificate of General Education and Training (Grade 9 or higher) or equivalent NOTE : Pass mark in Maths & Science subjects At least 5 years job related experience	<input type="checkbox"/>
	OR Math Proficiency Test Result NOTE : Pass mark is 70%	<input type="checkbox"/>	OR Math Proficiency Test Result NOTE : Pass mark is 70%	<input type="checkbox"/>
	Vision Acuity Test record NOTE : Far Vision : Snellen : 6/6 Near Vision : Jaeger : J1 @ 300mm & J7 @1000mm	<input type="checkbox"/>	Vision Acuity Test record NOTE : Far Vision : Snellen : 6/6 Near Vision : Jaeger : J1 @ 300mm & J7 @1000mm	<input type="checkbox"/>
	SAIW Level 2 Welding Inspector Examination Results (Pass) or Diploma	<input type="checkbox"/>	SAIW Level 2 Welding Inspector Examination Results (Pass) or Diploma	<input type="checkbox"/>
	Construction & Design Module Examination Results (Pass)	<input type="checkbox"/>	Construction & Design Module Examination Results (Pass)	<input type="checkbox"/>

Please note that all documentation submitted by applicants, when applying to SAIW Certification for registrations, must be legible copies of the originals

APPOINTED NATIONAL BODY : SAIW Certification			
Reviewed by		Date	
Decision	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>		
Approved by		Date	

Done oral exam: ☐

VISION TESTING

Candidate information

Name & Surname

Date of Birth

ID / Passport Number

Discipline

Vision requirements

The candidate shall provide documentary evidence of satisfactory vision in accordance with the following requirements in one or both eyes, either corrected or uncorrected;

CLINICAL ASSESSMENT: Normal

NEAR VISION: JEAGER (or equivalent)

- a) J1 or equivalent (having a height of 1,6 mm) at not less than 300 mm
- b) J7 or equivalent (having a height of 3,4 mm) at not less than 1000 mm

FAR VISION: SNELLEN(or equivalent)

- a) 6/6 on Snellen chart

COLOUR VISION: ISHARA (or equivalent)

- a) Colour vision shall be sufficient that the candidate can distinguish and differentiate contrast between the colours or shades of grey used in the NDT method concerned.
- b) Correctly identify 24 plates

SHADES OF GREY: 20 Correct answers required from chart below.

2	7	8	2	1
23	6	4	32	5
5	9	65	65	46
1	64	32	542	64
46	35	35	46	63

Subsequent to certification, the tests of near visual acuity shall be carried out annually and verified by the employer.

VISION TESTING

Candidate information

Name & Surname

Date of Birth

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Discipline

Test Results

		Left Eye		Right Eye		Comments
		Corrected	Uncorrected	Corrected	Uncorrected	
	Clinical Assessment	Normal	Not Normal	Normal	Not Normal	
	Near Vision Acuity	Yes	No	Yes	No	
	Far Vision Acuity	Yes	No	Yes	No	
	Colour Vision*	Yes	No	Yes	No	
	Shades of Grey*	Yes	No	Yes	No	
	GENERAL COMMENTS					

Please tick the appropriate box

* Mandatory for NDT

Tested by

Optometrist Name

Contact Details

Practitioner No.

Date Tested

Optometrist Signature

Optometrist Stamp /
Business Card