

Phased Array (PA) 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:	Mobile:	
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 provided to the student's employer, without prior consent. If you do not wish this to happen please initial the box to the right.</small>		

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	Venue i.e. Melbourne or Perth	Dates	Total Course Fees Payable
Phased Array 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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Student name:	Date of birth: / /
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Phased Array Level 2

Pre-requisites: Current UT2 Welds Certification by AINDT / PCN
Current UT2 Welds Theory knowledge and understanding.

This is an **ADVANCED** Course, and I understand that on commencement of the course I may be assessed on my current Ultrasonic Level 2 knowledge, and may be removed from the course if my knowledge is deemed inadequate.

Equipment:

ATTAR have a limited number of Omniscan units available. These will be allocated based on enrolment order.

Candidates supplying own equipment please complete the following:

I **WILL** supply the following equipment:

Phased Array Unit – student to provide the following:

Manufacturer <i>Example: Olympus</i>	Model <i>Mx</i>	Module Type <i>Mx-PA-16-128</i>

Probes – student to provide the following:

Model <i>Example: 5L64A2 5L15A2</i>	Wedges available <i>N55s and 0 degree N60s and 0 degree</i>

Encoder- compatible with the above.

Note: All PA units must be capable of multi-group operations. (Omniscan SX are not suitable)

Student Signature:	Date: / /
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Student name: _____	Date of birth: / /
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PAYMENT DETAILS

Payment of Fees by: *(please tick)* **Company** **Student**

I wish to pay my course fees of \$ _____

by: ***(please tick payment method)***

Company Purchase Order – A copy of the Company Purchase Order for the **full course fee** must be supplied with this Enrolment Form

Direct Deposit (Details Below)

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. PA)

Please forward notification of payment to **Email:** accounts@attar.com.au OR **Fax:** 03 9574 6133

Cheque/Money Order payable to: ATTAR
Postal Address: 1/64 Bridge Road, Keysborough VIC 3173

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):

- 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.
- Any cancellations or transfer requests received within 5 – 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.
- Any withdrawal or cancelation within 5 calendar days of course commencement (or during course) will result in forfeiture of all fees.
- A copy of the full **Cancellation, Transfer & Refund Policy** can be downloaded in 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.

Before submitting this Course Enrolment Form to ATTAR, please check the following:-

- I have signed and dated each page of this Student Enrolment Form
- I have completed the Student Pre-requisite information AND Equipment Information
- I have completed the payment details required
- My Name and Date of Birth are clearly legible

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 or fax 03 9574 6133