

PSL/57-CM-Marine

Issue 3 Rev A dated 20th April 2010

APPLICATION FOR:

**(A) INITIAL EXAMINATION FOR CERTIFICATION IN CONDITION
MONITORING OR**

(B) ASSESSEMENT FOR CERTIFICATION IN MARINE MMCM

All application requirements are specified in the relevant General requirements documents, CMGEN or MMCMP/GEN.

This application is used **for one certificate only**.

Applicants will be required to supply verifiable data in support of this application.

This form also serves as verification of identity from the applicant.

All parts of this form must be completed in full, except where fields are noted as 'voluntary' due to European or various National laws on disclosure.

The examination or assessment fees (Initial, renewal, supplementary, re-test and re-certification) are outlined in PSL/35-CM-Marine.

Verification of Identity

The PCN-CM or Marine wallet card/certificate requires a recent photograph of the holder that is verified by an appropriate witness.

Please supply two passport size photographs, signed by the appointed witness, who completes the 'witness detail' field below.

WARNING. Any proven case of forgery or misrepresentation will result in the cancellation of all PCN certification and the offender will be prohibited from regaining any PCN certification for a period of not less than one year.

Applicant details (* indicates voluntary fields)

Title (Mr, Mrs, Miss, Dr, other): _____

Family name (please print): _____

First Name(s) (please print): _____

Home Address: _____

Postcode: _____

Country: _____



The British Institute of Non-Destructive Testing is an accredited certification body offering personnel and quality management systems assessment and certification against criteria set out in international and European standards through the PCN Certification Scheme.



Telephone number*: _____

Email address: _____@_____

Date of Birth*: _____

Identity number* (NI, passport, i.d#): _____

PCN number (if exists): _____

Date: _____

Please write your **signature** neatly within the box below. This will be on your certificate.

Witness Declaration

* The witness must be a professional person not related to the applicant or his employer.

I, (full name of witness) _____

Occupation: _____

Verify that the signed photographs, by the applicant, are a true likeness and were verified in my presence.

Witness Signature: _____

Address: _____

Telephone number*(for validation): _____

Email: _____

PCN number of witness (if applicable): _____

Address for posting of certificate and Result notice

Post to home address or employers address [see below]

ADDITIONAL INFORMATION TO BE PROVIDED BY CANDIDATE

CURRENT EMPLOYER'S DETAILS

Name	
Address	
Post code	country
Telephone*	e-mail

EXAMINATION APPLIED FOR (please tick boxes - see notes below)

Condition Monitoring Method and Category (and sector for IRT)	Category 1	Category 2	Category 3	Category 4
Vibration Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubrication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab <input type="checkbox"/>	Lab <input type="checkbox"/>	
		Field <input type="checkbox"/>	Field <input type="checkbox"/>	
Acoustic emission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infrared thermography (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infrared thermography (civil) [see Note 1]		<input type="checkbox"/>	<input type="checkbox"/>	
Infrared thermography (machinery) [see Note 1]		<input type="checkbox"/>	<input type="checkbox"/>	
Infrared thermography (electrical) [see Note 1]		<input type="checkbox"/>	<input type="checkbox"/>	
Marine- MMCM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examination type: Initial <input type="checkbox"/> Retest of failed examination <input type="checkbox"/> Stand-alone IRT supplementary <input type="checkbox"/> IRT supplementary taken with initial IRT examination <input type="checkbox"/> Recertification <input type="checkbox"/>				
CM applicants only: Please indicate your preference for an examination date and location:				
NOTE 1: Category 2 and Category 3 thermography requires a general paper with the chosen sector paper(s)		Note 2: Marine MMCM certification requires assessment of a specified portfolio of skill sets and certificated qualifications defined in MMCM/GEN		

PRE-CERTIFICATION TRAINING

Name of the approved training organisation that provided the required training. _____	
Title of training course: _____	
Dates of course.	
From:	To:
Duration of course: _____ Total number of hours	

PRE-EXAMINATION/ASSESSMENT EXPERIENCE

The relevant General requirements document (CM/GEN or MMCM/GEN) details the industrial experience required before a certificate can be issued.

If the applicant does not have sufficient experience, they can still attend the relevant examination or assessment, but certification will not be completed until BINDT receives post-examination experience on PSL/30-CM-Marine.

If you have no experience before attending the training course then you must say here **'NO EXPERIENCE'**, and submit a **PSL/30-CM-marine form later**.

Employer- where most experience has been gained

Name of Organisation:
Telephone number:
Name of Supervisor/Manager:
Period of experience. From: _____ To: _____ (must be relevant to the method claimed)

LIST OF OTHER EMPLOYERS	Period from/to	Person to contact for verification
	to	Name: Telephone: e-mail:
	to	Name: Telephone: e-mail:
	to	Name: Telephone: e-mail:
	to	Name: Telephone: e-mail:
	to	Name: Telephone: e-mail:
	to	Name: Telephone: e-mail:

**LIST OF RELEVANT EXPERIENCES
(MUST BE IN THE METHOD RELEVANT TO THE CERTIFICATE)**

VA= Vibration Analysis, AE= Acoustic Emission, IRT = IR Thermography, LA = Tribology; M= Marine Technology

CM- Marine Method	Details of this experience or work task (what, where, why)	Dates from/to	Person to contact for verification
		to	Name: Telephone: e-mail:
		to	Name: Telephone: e-mail:
		to	Name: Telephone: e-mail:
		to	Name: Telephone: e-mail:
		to	Name: Telephone: e-mail:
		to	Name: Telephone: e-mail:
		to	Name: Telephone: e-mail:
		to	Name: Telephone: e-mail:

CM Mature Candidates

For **mature candidate entry** refer to the specifications in CMGEN or MMCM/GEN.

CANDIDATE’S DECLARATION [compulsory- must be completed]

I confirm that:

- (A) I have read and understand the relevant General and Specific requirements documents applicable to the CM method or Marine Category indicated in this application;
- (B) I understand and satisfy the criteria for eligibility;
- (C) I will abide by the PCN Code of Ethics (see below);
- (D) All information provided by me in support of this application is accurate. I understand that in the event of a false statement being discovered, any certification awarded will be cancelled.
- (E) I accept responsibility for payment of fees in the event of non-payment by the sponsor.

And I authorise BINDT to use the data provided by me for administration purposes only. These purposes have been notified under the Data Protection Act 1998 (UK). I understand that the data may also be used by BINDT to send separate unsolicited mailings containing details of events, new services, products etc, unless otherwise requested not to receive such mailings in writing.

Signature of declaration: _____

I attach with this application the following:

- a) a training certificate/declaration
- b) two witnessed passport photographs.

METHOD OF PAYMENT

Name and address for invoice (if different from applicant's):	
Post code:	Telephone
Company order number (where appropriate):	
Preferred method of payment. Bank draft <input type="checkbox"/> , BACS <input type="checkbox"/> , cheque <input type="checkbox"/> Cash <input type="checkbox"/> , Credit card <input type="checkbox"/> Switch <input type="checkbox"/> Giro <input type="checkbox"/>	
<p style="color: red; font-weight: bold;"><u>All credit transfers MUST accept payment of all bank fees at transmission and receiving ends from point of transmission</u></p>	
Name of official paying these fees (not the candidate - unless self employed)	
CARD PAYMENT DETAILS	
For card payment, check the relevant box and provide expiry date:	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Debit <input type="checkbox"/>
Expiry date of card:	
Card number:	
Security code of card (if applicable)	
Name on card:	
Address of credit card holder (if different from applicant's address):	
By checking the following box I hereby authorise BINDT to debit my card account for the amount shown (right) <input type="checkbox"/> The required fee is found in PSL/35-CM-Marine	£ (including VAT, if applicable)

EMPLOYERS VERIFICATION OF THE CANDIDATE'S DECLARATION

To the best of my knowledge, I verify that the candidate's statement and all data given above are correct at the time of signing.

NAME: SIGNATURE:

COMPANY:

ADDRESS:.....

.....

TELEPHONE NUMBER:

FOR COMPLETION ONLY BY BINDT STAFF

Stage 1			
File raised by PCN			
Application forms approved by PCN			
Examination date (if applicable)	Venue		
Invigilator (if applicable)	Paper ref (if applicable)		
Examiner graded and returned to PCN (if applicable)			
Payment of Fee received	Amount £		
Stage 2			
Paper or package received at PCN	Grade	%	pass <input type="checkbox"/> or fail <input type="checkbox"/>
Failure notice raised			
Stage 3			
Result notice issued to CRO			
Certificate issued by CRO			
All records filed			
Remarks			

CODE OF ETHICS FOR PCN CERTIFICATE HOLDERS

Derived from CP27 and applies to all testing personnel (NDT, CM, Marine) certificated by PCN.

Individuals certified within the PCN Scheme must recognise that personal integrity and professional competence are the fundamental principles on which their testing and assessment activities are founded. Accordingly, it is a condition of PCN certification that certificate holders shall undertake to:

1. comply with this code of ethics;
2. undertake only those non-destructive, CM testing or marine assignments for which they are competent by virtue of their training, qualification and experience;
3. only sign documents for work of which they have personal professional knowledge and/or direct supervisory control;
4. engage, or advise the engagement of, such specialists as are required to enable assignments to be properly completed;
5. conduct themselves in a responsible manner and utilise fair and equitable business practices in dealing with colleagues, clients and associates;
6. at all times, be aware of and uphold the provisions/ requirements of codes, regulations and standards under which they are working;
7. immediately report to their supervisor/employer any perceived violation(s) of codes, regulations or standards. In the event that their supervisor/employer provides no satisfactory explanation or takes no corrective action, the certified individual shall report the situation direct to the British Institute of NDT;
8. perform their professional duties with proper regard for the physical environment and the safety, health and well-being of the public;
9. protect to the fullest extent possible, consistent with the well being of the public and the provisions of this code of ethics, any information given to them in confidence by an employer, colleague or member of the public;
10. avoid conflicts of interest with the employer or client, but when unavoidable, forthwith disclose the circumstances to the employer or client;
11. strive to maintain their proficiency by updating their technical knowledge as required to properly practice NDT, CM or Marine CM in the certified methods and Categories.
12. indicate to the employer or client any adverse consequences which may result from an overruling of their technical judgment by a non-technical authority;
13. not falsify nor permit misrepresentation of their own or their associate's academic or professional qualifications, training, experience or work responsibilities;
14. refrain from making unjustified statements or from performing unethical acts which would discredit the PCN scheme;
15. immediately report to the British Institute of NDT any perceived violation(s) of this code of ethics;
16. immediately report to the British Institute of NDT any attempt to pressure or force an individual certified under the PCN Scheme to violate this code of ethics;
17. inform their employer in the event that their PCN certificate is suspended, cancelled or withdrawn.

Failure to comply with the above code of ethics will be dealt with under arrangements for handling complaints and appeals (PCN document CP21 refers).