

PSL/57WIA ISSUE 2 REV B

WELD INSPECTION EXAMINATION APPLICATION

For use when applying for initial, retest or recertification examinations. When completed, submit directly to the Examination Centre.

GENERAL INFORMATION (please read carefully before completing application).

All candidates for PCN examination are required to fulfill the conditions for eligibility specified in clause 5 of the current edition of PCN Inspection and Testing - General Requirements for Certification of Personnel. Eligibility is defined in terms of visual acuity and colour perception, training, and experience. Attention is drawn to opportunities for mature candidates who may satisfy special eligibility criteria. Candidates will be required to supply verifiable evidence of satisfying all eligibility criteria and PCN publishes the following documents, all of which are available free of charge, for use in recording and providing such information in an acceptable format:

PSL/30 optional form for recording pre-certification experience

PSL/42 optional form for recording pre-certification experience and on-the-job training

PSL/44 PCN Vision Requirements, including optional form for recording results of tests

Initial enquiries for examination appointments may be made to the Examination Centre by telephone. However, no examination appointment can be considered confirmed until a correctly completed application form and supporting information has been received. Applications should be legibly completed.

Once completed, this form and supporting information should be sent to the PCN Examination Centre together with relevant payment information or examination fees. One application form is to be submitted in respect of each examination applied for. Candidates not already having a PCN identity card will need to provide two passport photographs on the day of examination. Please enquire beforehand whether photographic facilities are available at the examination centre.

Applications dependent upon the individual holding (or having held) appropriate certification must be supported by acceptable evidence of such certification. If a photocopy is attached to this application as evidence, the candidate will be required to show the original on the day of the examination.

Where marks from earlier examinations are to be included in the examination grade, the candidate should supply the relevant examination result notice (or, where unavailable, verifiable information from which the date and scope of the examination and the PCN Examination Centre where the examination took place can be ascertained). Failure to comply with this requirement may result in a refusal to examine.

INFORMATION TO BE PROVIDED BY CANDIDATE (complete parts 1 to 6 inclusive)

If uncertain of the requirements, consult PCN or the Examination Centre before proceeding. This application form asks for specific details on experience and training and must be signed to the effect that these details are correct. In the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. Please complete all of the following parts.

PART 1. CANDIDATE'S PERSONAL DETAILS

Family name:		Given names:	
Candidate's usual residence, including post code (this is the address that will be shown on the certificate):		Address, including postcode, to which the PCN certificate, when issued, is to be sent.	
		By checking this box I am authorizing PCN to send the certificate to the above address	
Telephone number:		PCN number (if known):	
National insurance or social security number:		Date of birth (yyyy/mm/dd):	
E-mail address (optional):			
It may be possible to make provision in PCN examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.			

PART 2. CURRENT EMPLOYMENT DETAILS (PSL/30 should be used to record past employment.)

Employer's name and address (if self employed, state this here):	
Post code:	Email:
Candidate's position in the organisation:	Manager or supervisor's name:

PART 3. EXAMINATION APPLIED FOR (provide information indicated or tick relevant boxes)

Preferred examination date and venue:			
Code, specification or standard (<i>in full</i>) chosen for use in Welding Inspector examinations:			
	Welding Inspector		Senior Welding Inspector
Initial examination		Retest	Recertification

PART 4. PRE-CERTIFICATION TRAINING

Attach evidence of satisfactory completion of PCN approved training course or provide the following details for classroom training; form PSL/42 may optionally be used to record additional on-the-job training.

Name of training organisation and title/reference of relevant training course:	
Dates of course (from/to):	

PART 5. EXPERIENCE (please provide a brief description of the nature and duration of your employment as a weld inspector – continue on a separate sheet or use form PSL/30 if necessary).

PART 6. CANDIDATE’S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

I have read and understand PCN Requirements for the certification of personnel engaged in Inspection, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience. In the event that I should be awarded PCN certification. I agree to comply with the PCN Code of Ethics (published as PCN document CP/27).

I understand that, in the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor.

I understand that BINDT will hold and use personal data supplied by me for administration purposes. These purposes have been notified under the Data Protection Act 1998. The data may also be used to send separate unsolicited mailings* containing details of events, new services, products etc..

SIGNATURE: DATE:

* You have the right to ask BINDT not to send such mailings. If you do not wish to receive this information from BINDT, please tick this box []. You also have the right of access to personal data that we hold about you, on payment of an access fee not exceeding £10.

- Attach**
- a) vision test certificate (PCN PSL/44 may be used) unless vision test arranged at Examination Centre
 - b) evidence of experience (PCN document PSL/30 may be used)
 - c) evidence of training (PCN document PSL/42 may be used)
 - d) correct examination fee (unless part 8 of this form is appropriately completed); details of fees are available from the examination centre.

- Bring**
- e) two passport photographs (unless already a holder of a PCN identity card issued within the past 10 years, or if photographs are to be taken at the Examination Centre - check beforehand if facilities are available on site)
 - f) your PCN record of certification and PCN identity card (if already a PCN certificate holder)

PART 7. VERIFICATION OF CANDIDATE'S STATEMENT BY THE SPONSOR, EMPLOYER OR, IF THE CANDIDATE IS SELF-EMPLOYED, A REFEREE.

To the best of my belief, the candidate's statement given in part 6 is correct at the time of signing.

NAME: SIGNATURE:

COMPANY: TELEPHONE:

PART 8. PAYMENT

Name and address for invoice (if different from candidate's), including telephone/fax number:					
Some Examination Centres provide accommodation or information on the availability of local accommodation. If you wish to receive assistance with accommodation, please tick here:					
Preferred method of payment (bank draft, BACS, cheque, credit card):					Tick box if cheque enclosed:
Name of senior responsible official of the organisation paying examination fees (not the candidate - unless self employed):					
Company order reference:					
For credit card payment, tick the relevant box and provide issue and expiry dates:	Visa	MasterCard	Amex	Switch	Issue and expiry dates:
Name on card:					
Card number:				Security code (last 3 figures on the security strip on the reverse of the card)	
Signature of above named individual					
Address of credit card holder:					
Debit the above credit/debit card for the amount shown in respect of exam fees (check with Examination Centre to confirm that credit card payment is available)				£	:

FOR OPTIONAL USE BY THE EXAMINATION CENTRE

EXAMINATION DATE: EXAMINATION VENUE:

EXAMINER: MODERATOR:

PAYMENT RECEIVED: RESULT REFERENCE:

EXAMINATION FILE COMPLETE AND CLOSED (initials/date):

REMARKS (if any verification sought and obtained, record details below):