



# SOUTHERN AFRICAN INSTITUTE OF WELDING

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 City West, Johannesburg, 2029  
 P.O. Box 527, Crown Mines, 2025

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 Fax : +27 (011) 836 4132

Please refer to our Website ([www.saiw.co.za](http://www.saiw.co.za)) for any information relating to the Training, Qualification and Certification of SAQCC-NDT personnel

## COURSE ENROLMENT APPLICATION

(Please complete in legible block letters)

**CANDIDATE NUMBER** \_\_\_\_\_  
 (If known, else number shall be provided during the training course)

### COURSE DETAILS

<b>TITLE</b>			
<b>GROUP</b>		<b>CODE</b>	
<b>TRAINING DATES</b>	<b>Start Date</b>		<b>End Date</b>

### CANDIDATE INFORMATION

Surname \_\_\_\_\_

First Name(s) - In Full \_\_\_\_\_

Identity / Passport No. \_\_\_\_\_ Age \_\_\_\_\_

Postal / Residential Address \_\_\_\_\_ Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Cell No. \_\_\_\_\_

<b>MANDATORY:</b>	I declare that in the information provided above is accurate and true		
If not signed by the candidate, the application shall not be processed.	Candidate signature		Date

### ELIGIBILITY FOR TRAINING COURSE : Candidate must supply the following information

The SAIW Training Services (SAQCC - Authorised Training Organisation – ATO) verifies that the candidate has supplied the following required information:

a) Legible copy of applicant's identity document, Driver's license or Passport	<input type="checkbox"/>
b) Certified copies of Highest School grade passed / Proficiency Test score	<input type="checkbox"/>
c) Learner ships – Please provide proof	<input type="checkbox"/>
d) Certified copies of additional / Tertiary qualifications	<input type="checkbox"/>
e) Please provide proof of other qualifications	<input type="checkbox"/>

<b>ATB Representative</b>	<b>Signature</b>

**SAIW : OFFICE USE ONLY**

**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	_____

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

**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)

<b>Name of authorised company representative</b>	_____	<b>Designation</b>	_____
<b>Signature</b>	_____	<b>Date</b>	_____

**BANKING DETAILS**

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

**BOOKING ARRANGEMENTS**

All training related queries can be forwarded to SAIW Admin. Controller – Training Mrs. Rencia Grundlingh

[grundlinghr@saiw.co.za](mailto:grundlinghr@saiw.co.za)

Proof of full payment, thirty days prior to the start of the training course, is required to confirm booking

Cancellation of course bookings prior to thirty days of the course start date shall result in a full refund of fees already paid. Full course fee shall be payable if cancellation of course bookings are within thirty day of the course start date.

Additional information can be found on our website: [www.saiw.co.za](http://www.saiw.co.za)