



Examination Booking Form
Employer Based Schemes

THE SOUTH WEST SCHOOL OF
NON - DESTRUCTIVE TESTING

One application form per candidate must be completed in full for examinations to proceed.

Candidate's First Name		Candidate's Surname	
Name, as you would like it to appear on the Certificate:			
Employer			
Address:			
Telephone No.		Requested Exam Date:	
Email Address		Order Number (or payment method)	

Certification Scheme	Method				Level		Examination Type		
SNT-TC-1A	<input type="checkbox"/>	PT	<input type="checkbox"/>	AEI	<input type="checkbox"/>	Level 1	<input type="checkbox"/>	Initial	<input type="checkbox"/>
NAS 410	<input type="checkbox"/>	MT	<input type="checkbox"/>	H&C	<input type="checkbox"/>	Level 2	<input type="checkbox"/>	Recertification	<input type="checkbox"/>
EN 4179	<input type="checkbox"/>	ET	<input type="checkbox"/>	TT	<input type="checkbox"/>	Level 3	<input type="checkbox"/>	Supplementary	<input type="checkbox"/>
Please tick appropriate boxes	<input type="checkbox"/>	UT	<input type="checkbox"/>	Other:	<input type="checkbox"/>			Re-sit - GT	<input type="checkbox"/>
	<input type="checkbox"/>	RT	<input type="checkbox"/>	Please specify method:				Re-sit - ST	<input type="checkbox"/>
	<input type="checkbox"/>	LS	<input type="checkbox"/>					Re-sit - Practical	<input type="checkbox"/>

Do you require a NADCAP compliant examination certificate?

Yes

No

Does The SWS provide your L3 services? (Please choose Yes or No, then follow instructions immediately below your answer)

Yes

No

If **yes**: Please return this form with a valid Eye-Sight Cert to the SWS and your designated L3 will complete the section below.

If **no**: Please complete the section below and return this form to us with a copy of your Written Practice

To be completed by the Nominated/Responsible L3

Specific Theory Specifications, with issue status, to be used: (10 questions per Spec minimum) Detail any specific acceptance criteria [Please detail Specifications as you would like them to appear on the examination certificate].			
Product Technology Is this required in the Specific Theory exam? If so please specify areas and number of questions required.			
Practical Detail number and types of specimens and techniques required within the method			
Company products. Detail product types			
Responsible L3 Authorisation	Name	Signature	Contact Number
For SWS examiner review only			Date:

For completion by The SWS.

Examination date	Total Fees, ex VAT	Signed

The SWS must receive either a PO or Payment for the exam to proceed as booked.