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| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate Full Name:  *(as you wish to be shown on your certificates)* | Click or tap here to enter text. | | | | Candidate Signature:  *(read below)* | |  |
| **Consent for processing of personal data pursuant to the provisions contained in the General Data Protection Regulations EU 2016/679 (the ‘GDPR’)**  By signing above, I the ‘Candidate’ agree to have my free consent for Aerospace Inspection Training Malta Ltd (‘AITM’) to collect, use, disclose (only when necessary), process and store my personal data for the purpose of conducting its business, including but not limited to the marketing analysis which shall be outsourced by third parties, and for the training/examination services, where the personal data might be disclosed by AITM to third parties such as Aerospace Inspection Training (UK), Auditors and to fulfil any legal obligations as assigned by the laws of Malta.  I have been informed that I can opt out from this consent at any time (without giving reason) by sending an email to [info@aitmalta.com](mailto:info@aitmalta.com)  I have been informed that my personal data shall be stored by AITM only for as long as it remains necessary for the conduct of business or for as long as prescribed by the laws of Malta. | | | | | | | |
| Employer: | Click or tap here to enter text. | | | | | | |
| Employer’s Address: | Click or tap here to enter text. | | | | | | |
| Telephone  Number: | Click or tap here to enter text. | Email Address: | Click or tap here to enter text. | | | | |
| Training Proposed by Name & Position: | Click or tap here to enter text. | | | Signature of Proposer: | |  | |
| ***All course documentation will be posted to the proposer as listed above*** | | | | | | | |

PART A: **CANDIDATE DETAILS**

PART B: **TRAINING COURSE REQUEST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NDT Course Method  Required: | PT | MT | | | ET | | UT | | UTPA | | | | BT | IRT | | VI | | BASIC | | | |
| Other  Specify**:** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| Location: | AIT Malta | | | Other: Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Course Dates: | Click or tap here to enter text. | | | | | | | | | | | Total Number of Training Days: | | | | | Enter No. | | | |
| Full Training / Initial Course: |  | | 5 days Refresher Training on a L2 Scheduled Course: | | | | |  | | Specialised Level 2 or 3 Refresher Training & Examination Preparation | | | | | | | | |  | |
| Level: | **1 Limited** | | | | | **1** | | | | | **2** | | | | **3** | | | | | |
| Examination Standard: | **NAS 410** | | | | | **EN4179** | | | | | **SNT- TC-1A** | | | |

**PART C: This section is only applicable to those candidates who require training to EN4179 Company Certification Schemes.**

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| Please review the relevant AIT Course Curriculum which can be downloaded from our company website.  By ticking this box, you confirm that the course curriculum meets or exceeds your company requirements.  Any additional subject areas required within the training must be stated below. | | | | | | | |  | |
| Details of Additional Subject Areas if Required: | | Click or tap here to enter text. | | | Written Practice Page & Reference: | | Click or tap here to enter text. | | |
| Specifications required during training: | | | Click or tap here to enter text. | | | | | | |
| **AN ELECTRONIC COPY OF YOUR COMPANY WRITTEN PRACTICE / PROCEDURE FOR CERTIFICATION OF NDT PERSONNEL MUST BE SUPPLIED TO AIT PRIOR TO CONFIRMATION OF TRAINING** | | | | | | | | | |
| Company Written Practice current version: | WP Revision / Issue:  Click or tap here to enter text. | | | Our company does not have a Written Practice and we need to discuss its preparation with AIT: | | | | |  | |
| **Your Company Responsible Level 3’s confirmation and approval of the above Training request:** | Signature:    **OR** Email evidence of acceptance from RL3 has been attached | | | Responsible Level 3 Name: | | Click or tap here to enter text. | | | |
| Responsible Level 3 email: | | Click or tap here to enter text. | | | |

PART D: Medical/Disabilities

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| Special Requirements for Medical / Disabilities requests: | Click or tap here to enter text. |

PART E: **INVOICE & PAYMENT**

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| --- | --- | --- | --- | --- | --- | --- |
| Does your Purchase Order Number need to be quoted on the invoice? | **YES** | **If Yes: Purchase Order Number**  please provide a copy to support your application: | | | Click or tap here to enter text. | |
| **NO** |
| Invoice will be paid by: | **BACS**  (Bank Transfer) | |
| Company VAT Number (EU Only): | Click or tap here to enter text. | | | | | |
| Invoice address if different from the company address: | Click or tap here to enter text. | | | | | |
| Accounts department email contact: | Click or tap here to enter text. | | | | | |
| How would you like your training/examinations documents delivered to you? Please select as desired: | **Free Maltese Postal Service**  No Tracking or Signature.  AIT cannot be held responsible for any loss of or damage to documentation. | | | **AIT Courier Charged to You at Cost**    Tracking Available, Unable to deliver to a PO Box as a signature is required. | | **I Will Arrange Collection of the Documents** |

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| --- | --- | --- |
| **Do you require a Visa sponsor letter?** | **Yes**  *Contact AITM for requirements* | **No** |

PART F: **TERMS & CONDITIONS**

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| **Booking Terms and Conditions** |
| 1. Confirmation of training and arrival instructions will be issued as soon as possible following receipt of this completed application form. 2. AITM must be notified of any disability when submitting this application form. 3. An invoice will be issued prior to the course start date unless agreed otherwise and must be paid within 30 days of the invoice date or prior to the course start date, whichever is sooner. 4. Training documentation and Result Notices will only be dispatched when the invoice has been paid in full. 5. If you are unable to attend the course, cancellation must be made in writing; the following cancellation fees apply: 6. If cancelled between eight and twenty-eight days prior to the course start date, an admin cancellation fee of €50 will be charged 7. If cancelled between seven and fourteen days prior to the course start date, 25% of the fees will be charged 8. If cancelled more than three days but less than seven days prior to the course start date, 50% of the fees will be charged 9. If cancelled three days or less prior to the course start date, 100% of the fees will be charged 10. If cancellation is not made and the candidate is not present on day 1 of the course, 100% of the course fee will be charged 11. Providing that notification is made within five Maltese working days of the course start date, and with the agreement of AITM, candidates may have the option to transfer onto another scheduled course of the same value without penalty charges. 12. If the candidate is unable to attend any part of the course due to ill health, no refund will be given. 13. AITM is not responsible for the standard of hotels or other accommodation. 14. All bookings for accommodation must be arranged directly with the hotel. 15. All payments for accommodation must be arranged directly with the hotel by either the candidate upon arrival, the employer’s accounts department or travel agency. AITM will not pay any outstanding invoices. |

**I confirm that I have read, understood and agree to the Booking Terms & Conditions:**

**Signature:  Date:** Click or tap to enter a date.

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| **FOR INTERNAL USE ONLY** | |
| **ACKNOWLEDGEMENT**  Booking for the above course is confirmed Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Confirmation & Arrival instructions emailed to customer.**  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AITM Centre Administrator Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **AITM Invoice No.** |  |