



APPLICATION FOR CM EXAMINATION & CERTIFICATION

IN ACCORDANCE WITH ISO18436(and related Standards)

Note: Only 1 method and 1 product sector per application form

I would like to receive the monthly AINDT E-Newsletter

Personal Details:

Please use this address for correspondence

Full Name of Applicant: (Given Names)

(Family Name)

Title:

Personal (Home) Address:

City:

State:

Postcode:

Country:

Personal Email:

Home Phone No:

Mobile Phone No:

Employment Details:

Please use this address for correspondence

Company Name:

Job Title:

Work Address:

City:

State:

Postcode:

Country:

Business Fax:

Business Phone:

Business Email:

Business Mobile No:

Are you a Current member of AINDT?

Yes

Membership Number :

***No**

Membership Application Submitted?

Yes

No

*Note: *Non- Members will automatically become associate members of AINDT for the remainder of this financial year*

Checklist to ensure complete application

Use the check boxes to ensure you have included all of the following details:

Note: Incomplete Applications will NOT be accepted.

- *Photograph
 Payment
 Eye Test (Thermography Only)
 Signed and dated application
 Signed code of Ethics
 Training
 Evidence of on-going experience (shall be verified by your referee)
 All applicants **must** submit a minimum of two detailed inspection reports for the method concerned

Please note: * Please provide two recent identical color, passport quality photographs of yourself with your completed application form.
If supplying a digital image it must be High Quality JPEG.

I declare that; to the best of my knowledge the information supplied is true and correct.
I Authorise AINDT to contact my employer in relation to this application.

Signature of Applicant: _____

Date: _____

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Personal Details entered: Invoice #: Initials: Received:

Date Invoice: / / Payment:



ISO18436 – CM Method, Level , and Product Sector

Select only one box below that corresponds to the CM Method / Level and sector you wish to apply for.

Note: Only 1 method and 1 product sector per application form

CM Method	Level	Product sector			
		General	Civil	Mechanical	Electrical
Vibration Analysis (VA)	1		X	X	X
Lubrication Analysis (LA)	1		X	X	X
Thermography (IRT)	1		X	X	X
Vibration Analysis (VA)	2		X	X	X
Lubrication Analysis (LA)	2		X	X	X
Thermography (IRT)	2	X			
Vibration Analysis (VA)	3		X	X	X
Lubrication Analysis (LA)	3		X	X	X
Thermography (IRT)	3	X			
Vibration Analysis (VA)	4		X	X	X

Education, Training And Qualification

Education: Please list all relevant education.

Secondary School	
Year Completed	
College/ TAFE/University	
Year Completed	
Course(s) Completed	

CM Training:

Total hours must meet the requirements of the Condition Monitoring Board Certification Board and in some instances these may exceed the minimum requirements of those specified in ISO18436 and its relevant parts.

Training can include face-to-face training, home study, computer based training, distance learning programs, internet web-based training, e-Learning and additional training on machine knowledge of at least half of that specified in the standard. All sources of training materials and details shall be provided with the application.

If training is carried out by an approved training body or commercial organisation then the completion of training certificate shall also be provided.

Mature candidates that have undertaken training prior to the introduction of certification for CM must verify that the training meets the requirements of the relevant part of ISO18436, the CMCB may at its discretion to take this training into account.

Attach evidence of training for courses relevant to this application ONLY. (Must show training hours)



Course Dates	Training Provider	Subject Name (Method) And Product/Industrial Sector	Level	Training Hours
			Total:	

Examination details for current Application.

Examination Date	Examining / Certifying Body	CM Method/ Level / Industry Sector	Certification No#

List other CM Certifications Held

Year Completed	Examining Body	NDT Method / Level / Industry Sector	Certification #

Please Note: As part of the application and to confirm Practical Competence applicants are required to submit a minimum of two inspection reports for review by the application committee.

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Date Entered into Database

Details Verified?
Initials:



Experience (In this CM method and sector-Provide full details)

Please include time spent on test method, types of parts, techniques ,equipment used and the standards, codes and specifications involved

Applicant Name: _____

CM Method: _____ Product/Industry Sector: _____

Work Description (Eg: Data Acquisition)	Products/parts Tested (Eg: H.P Rotor)	Method of Test Codes & Standard	Techniques/Equipment Used

Experience Summary

Date Range Of Experience: From: To:

Average Hours(Per Week) of experience claimed for the period: Total Hours Claimed :

**Nominal Working Hours are based on 36hours per week*

Are you applying for Trainee status : Yes / No

Experience MUST be verified by your employer (if he/she has the required competence and knowledge of the method/sector sought and/or by your technical supervisor, client in the event that the applicant is self employed, or by a person considered competent by the CMCB to validate this information.

I, the applicant declare that the above summary is true and correct for the method and sector sought.

Experience MUST be verified by your Referee.

Signature of Applicant: _____ Date: _____

Signature of Referee: _____ Date: _____

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Trainee Hours verified: Yes / No

Total Months Required for Method:

Minus Total Credits %:

Experience: Total Months Required for this application:

Hours Months

Experience Verified? Initials:

/ 36 / 4 =



Statement By Referee

It is a requirement for certification that the information supplied by the applicant is verified by a referee who has knowledge of the applicant's work activities in the CM method and sector for which certification is being sought.

The Board must be satisfied that the person attesting to this information is appropriately qualified to do so. The referee **MUST** also verify the applicant's experience by signing the experience statement.

Full Name of Applicant:

Employer:

Referee Name:

Referee Position:

Referee Contact :

Referee Relationship: *Manager / Supervisor / Other:*

Referee NDT Certification Held:

I, _____ (referee name) declare that the above experience summary is true and correct.

Signature of Referee: _____ **Date:** _____

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Verified?

Initials:



IRT Vision Test

Option 1 : Optometrist

This is to verify that: (Name of Applicant)

Meets the following criteria:

Has had their colour perception eyesight tested in accordance with the Ishihara 24 plate test and is able to differentiate colours sufficiently to perform their duties in thermography.

Note: Failure of the Ishihara plate test may require IRT personnel to use a monochrome palette and the applicant must provide this information when submitting as application for Renewal of Certification.

Evidence of annual colour perception eye tests shall be verified by the employer or verifying authority (optometrist)

This certificate must be signed and stamped by the verifying authority (eg: Optometrist)

Name of Verifying Authority: (Please PRINT): _____

Signed by Verifying Authority: _____ Date: _____

Stamp/Seal of Verifying Authority:
Please place stamp/seal or
Other identifying mark here:

Option 2 : In-house Procedures

Alternative vision test methods, no less stringent than the above, may be acceptable to the AINDT provided a formal written test procedure is submitted with the application, or currently held by AINDT.

Formal Written test procedure is attached: Yes No Currently held by AINDT

Note: Subsequent to certification, visual acuity shall be tested annually. The responsibility for this rests with the certified Person and/or employer

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Vision Test Certified Verified?

Initials:



Rules for AINDT discipline Committee

In the event that complaints are made that an AINDT certificated person or member has neglected to comply with our Code of Ethics or persistently and willfully acted in a manner prejudicial to the interests of AINDT or the Certification Board, these complaints are to be referred to the Discipline Committee. Complaints shall only be considered if received in writing. The Discipline Committee shall consist of the members of the Federal Executive who shall declare if any conflict of interests exists.

On receiving such a complaint the Discipline Committee shall within 14 days:

- Review the complaint and consider if follow up action is warranted.

If follow up is deemed warranted the Discipline Committee shall:

- Serve the complaint on the person concerned.
- Give the person at 14 least days notice from the date served by the Discipline Committee to respond to the complaints made.
- Consider any submissions made by the person in connection with the complaint.

The Discipline Committee may, after considering the complaint and any submissions made, if the facts alleged have been proved, recommend to Federal Council that the persons Certification be withdrawn and if a member of AINDT be expelled from the Institute.

If Federal Council accepts the recommendation by the Discipline Committee, the Federal Secretary shall, within 7 days after notice of the Federal Council decision has been received, give written notice to the person detailing the reasons why, of action taken. The person should also be advised of his/her right of appeal.

The withdrawal and expulsion or suspension does not take effect until the expiration of the period within which the person is entitled to appeal against the resolution made and the reasons for any appeal are reviewed.

Appeal Procedure

A person may appeal to the Institute against a resolution by Federal Council; within 7 days notice after the resolution has been served. The appeal is to be forwarded to the Federal Secretary.

- The appeal may, but need not, be accompanied by a statement of the grounds on which the person intends to rely for the purposes of the appeal.
- Upon receipt of the appeal the Federal Secretary shall notify Federal Council and convene a Special General Meeting of the Institute to be held within 28 days after the date the meeting was called.
- At the Special General Meeting called to review the appeal, no other business is to be transacted.
- The Discipline Committee and the person shall be given the opportunity to state their respective cases either in writing or orally, or both.
- The members present are to vote by secret ballot on the question of whether the decision to expel or suspend should be upheld or revoked.
- If at the Special General Meeting the Institute passes a special resolution in favor of the recommendation to withdraw the persons Certification and expel or suspend an AINDT member, the resolution is confirmed.

At completion of the Special General Meeting, the Federal Secretary will notify the person within 7 days, of the decision made. Federal Council will decide how widely the decision to withdraw Certification and/or suspend or expel a member should be publicised.

Please DO NOT return this page with your application. Please retain this page for your records.



Payment

Refer to the current schedule of fees, available from the Institute's web site – www.aindt.com.au – or by contacting the Federal Office by phone (03) 9328 8831 or cmcertification@aindt.com.au

Use this section to calculate the fee payable	Fee
Application Fee For CM Certification	\$
Expedited Processing Of Certification	\$
Other (Please Include details)	\$
TOTAL:	\$

Payment Details

Purchase order #: _____

Payment method: I enclose my cheque made payable to AINDT

MasterCard VISA AMEX (+ 2% surcharge)

Credit card #:

Expiry date: /

*** EFT Direct Deposit

Bank: Commonwealth

BSB: 063 240

Account: 00900853

Cardholder name: _____

Card holder signature: _____

Invoicing/Receipt Details

Invoice to be made to: Applicant Company Other (Please Provide Details) _____

The Application, when fully completed should be **Printed** and **Signed** where required.
This form along with supporting attachments should be forwarded to:

AINDT Federal Office, PO Box 52, Parkville, Vic 3052 Fax: 03 9328 8787 Email: cmcertification@aindt.com.au

Signature of Applicant: _____ Date: _____

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ADMINISTRATION USE ONLY

Verified?

Initials:



Code Of Ethics

All Types of Membership or Grades and Certificate holders of the Institute shall abide by this Code of Ethics, in all matters relating to the Institute or when discharging their professional duties:

- Show responsibility for the welfare, health and safety of the community at all times, and for the laws and statutory regulations, and this responsibility shall come before their responsibility to their profession, to sectional or private interests or to other personnel.
- Act at all times to uphold the integrity and dignity of the industry.
- Accept professional obligations only for those areas of work for which they are competent.
- Accept responsibility for all work carried out by them or others under their supervision.
- Apply their skill and knowledge in the interests of their employer or client for whom they act as faithful agents or trustees.
- Provide professional advice, express opinions, or make statements in an objective and truthful manner to the best of their ability, and on the basis of adequate knowledge.
- Continue their professional development throughout their career and shall actively assist and encourage other personnel to advance their knowledge and experience.
- Not knowingly, use nor allow to be used, Institute proprietary information including logos and marks.

Any member or certificate holder, reported to the Institute for alleged improper conduct may be required to appear before a Disciplinary Committee appointed for that purpose.

Use of Certificates and Logos/Marks

Certified persons shall

- Comply with the relevant provisions of the certification scheme.
- Make claims only with respect to the scope for which certification has been granted.
- Not use the certification in such manner as to bring the AINDT or the Certification Board into disrepute, and not make any statement regarding the certification which may be considered misleading or unauthorised.
- Discontinue the use of all claims to certification that contain any reference to the AINDT or the Certification Board or to certification upon suspension or withdrawal of certification, and return any certificates and/or I/D cards issued by the Certification Board.
- Not use the certificate or ID card in a misleading manner.

I have read the AINDT Code of Ethics and Use of Certificates and Logos/Marks and agree to abide by this code and regulation and declare that the information supplied in this application is true and correct.

Signature of Applicant: _____

Date: _____

ADMINISTRATION USE ONLY

Verified:
Initials: