

# Registration Form – Well Control

## Personal Details

Saturation:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Surname:	
First Name:		Middle Name:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	/ /
Home Address:		Mail Address:	
Suburb:		Suburb:	
State:		Postcode:	
Phone:		Mobile:	
Email:			

## Other Mandatory Details

<b>In which country were you born?</b>	
Australia	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
<b>Do you identify yourself as any of the following?</b>	
Not Aboriginal and Torres Strait Islander	<input type="checkbox"/>
Aboriginal	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>
South Sea Islander	<input type="checkbox"/>
Both Aboriginal and Torres Strait Islander	<input type="checkbox"/>
Both Aboriginal and South Sea Islander	<input type="checkbox"/>
<b>Language:</b>	
Do you speak a language other than English at home?	
No	<input type="checkbox"/>
Yes (please specify)	<input type="checkbox"/>
<b>How well do you speak English?</b>	
Very Well	<input type="checkbox"/>
Well	<input type="checkbox"/>
Not Well	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
<b>Is English Language assistance required?</b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
<b>What is your highest completed school level?</b>	
What year did you complete school?	
Year 12	<input type="checkbox"/>
Year 11	<input type="checkbox"/>
Year 10	<input type="checkbox"/>
Year 9	<input type="checkbox"/>
Year 8 or below	<input type="checkbox"/>
<b>Your Major Reason for study?</b>	
To get a job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>
It was a requirement of my job	<input type="checkbox"/>
To get into another course of study	<input type="checkbox"/>
For personal interest or self development	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>

## Medical Conditions/Disability:

Do you consider yourself to have a disability, impairment or long term condition?	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If yes, please indicate the areas of disability, impairment or long-term condition (You may indicate more than one area)	
Hearing/Deaf	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>
Acquired Brain Impairment	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Medical Condition	<input type="checkbox"/>
Other	<input type="checkbox"/>
<b>Have you successfully completed any of the following qualifications?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If Yes, which of the following qualifications have you completed:	
Bachelor or Higher	<input type="checkbox"/>
Advanced Degree	<input type="checkbox"/>
Diploma	<input type="checkbox"/>
Cert IV	<input type="checkbox"/>
Cert III	<input type="checkbox"/>
Cert II	<input type="checkbox"/>
Cert I	<input type="checkbox"/>
Miscellaneous Education	<input type="checkbox"/>
<b>Which best describes your current employment status?</b>	
Full-time employee	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>
Self employed - not employing others	<input type="checkbox"/>
Employer	<input type="checkbox"/>
Employed (unpaid worker in a family business)	<input type="checkbox"/>
Unemployed – seeking full-time work	<input type="checkbox"/>
Unemployed – seeking part-time work	<input type="checkbox"/>
Not employed – not seeking employment	<input type="checkbox"/>

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## Employer Details

Company		Location:	
HR Contact:		Phone:	
Email:			

## Emergency Contact

First Name:		Last Name:	
Relationship:		Phone:	

AWCC collects the information on this form for possible use by the IWCF and IADC. This information is collected for the purpose of audit participation and the monitoring and reporting of training outcomes.

The Australian Well Control Centre offers industry leading IWCF and IADC accredited Well Control Training. Level 3 and 4 IWCF and IADC Well Control programs run for five days with the first four days being instructor led training and the final day consisting of theory assessments. Level 2 IWCF programs run for three days inclusive of testing. Participants must achieve a score of at least **70%** in each test in order to successfully complete their course.

In order to meet industry requirements, AWCC courses are run regardless of the number of class participants.

IWCF require that candidates meet the following requirements in order to undertake the following courses:

- Level 2: No previous Well Control Certification
- Level 3: Prior Well Control Certification at IWCF Level 2 or Level 3
- Level 4: Prior Well Control Certification at IWCF Level 3 or Level 4

Please note that the IWCF require evidence of prior certification in order for a candidate to be enrolled in a course.

## Program Details

Course Commencement			
Name of Prior Training Centre		Years of Industry Experience	
Preferred Location of IWCF Course	<input type="checkbox"/> 55 Neil Street, <b>Toowoomba</b>	<input type="checkbox"/> 46 Manilla St, <b>East Brisbane</b>	

## Course Selection

<input type="checkbox"/>	IADC WellSHARP Surface BOP Driller	<input type="checkbox"/>	Level 2 - Basic Well Control
<input type="checkbox"/>	IADC WellSHARP Surface BOP Supervisor	<input type="checkbox"/>	Level 3 - IWCF Surface BOP Driller
		<input type="checkbox"/>	Level 4 - IWCF Surface BOP Supervisor

## Current Certification

IADC <input type="checkbox"/>	IWCF <input type="checkbox"/>	Certificate Level:	
Certificate Number:		Expiry:	

## Training Terms and Conditions

### 1. Conditions of Training with the Australian Well Control Centre

- Student proof of identity will be required presentation of original documents e.g. Current driver's license or passport.
- Attendees of all courses involving physical activity and/or practical demonstrations will be assessed according to their level of risk.
- Australian Well Control Centre reserves the right to reschedule courses with less than the minimum required number of Students.

### 2. Fees, Refund and Cancellation Policy

Fees:

**Level 3 and 4 IWCF and IADC Well Control Courses are \$2,500.00 excluding GST (\$2,750.00 including GST) per participant.**

**Level 2 IWCF Well Control Courses are \$1,500.00 excluding GST (\$1650.00 including GST) per participant.**

Fees/Prices do not include GST unless otherwise stated.

### Payment Details

<input type="checkbox"/>	Bank Transfer	BANK: Commonwealth Bank of Australia BSB: 064-433 ACCOUNT NUMBER: 1105 5335 ACCOUNT NAME: Australian Well Control Centre <small>(A \$20AUD processing fee applies for international transfers)</small>
<input type="checkbox"/>	Cheque	Cheque made payable to AUSTRALIAN WELL CONTROL CENTRE
<input type="checkbox"/>	Credit Card	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> (2% surcharge applies for all credit card payments)
	Card Number	
	Expiry Date:	CVV:
	Cardholder Name:	
	Cardholder Signature:	

**Refunds:** Courses that are cancelled by Australian Well Control Centre will either be rescheduled or refunded in full.

**Re-schedule:** All booking rescheduling should be made in and submitted in writing.

If a participant is unable to attend an AWCC program a substitute participant may attend in that place at no additional charge. To allow for the correct examination papers to be ordered written notification should be received by AWCC at least 10 working days prior to the program start date.

Please refer to the current AWCC Program schedule for cut off and program start dates.

All requests for rescheduling or substitution must be accompanied by the original notice of cancellation.

Rescheduling a course participant within the 10 day cut off period will require the replacement candidate to be trained at the same level as the original attendee. This is because the examination papers for the original attendee would have been ordered.

Rescheduling in writing within the 10 day cut off period will incur an additional administration fee of \$330 including GST.

**Cancellations:** All cancellations should be made and submitted in writing.

Written cancellations received by participants before the scheduled 10 day cut off period for any AWCC program will have a full refund.

Please allow 28 days for AWCC to refund a cheque to the registered address of the participant or client company.

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As AWCC program placement is of a premium, written cancellations within the ten day cut off period will incur a 50% of course cost cancellation fee.

**No Notification of Absence:** Participants who fail to show up and have not made prior cancellations with AWCC will be charged the full amount of the program fee. AWCC within reason will make attempts to contact the absent participant and notify their employer on day one of the training program.

### 3. Payment Terms

The Australian Well Control Centre issue Tax Invoices & Tax Invoice Adjustments monthly.

Payment terms are strictly 7 days from issue of the Tax Invoice, with consideration that course fees must be paid in full five (5) working days prior to commencement of course(s) – other than course fees that have a payment plan as stated above.

### 4. Non-payment Policy

If student fees have not been paid prior to the commencement of the course(s), the Australian Well Control Centre reserves the right to refuse to deliver the course(s), until full payment is received. \*Note payment plan clause.

### 5. Confidentiality Policy

Australian Well Control Centre will ensure that all information of a personal nature relating to its students will be respected and maintained at all times.

No personal details will be released to third parties without written consent of the student.

### 6. Assessment Policy

IWCF and IADC accredited Well Control Training.

Level 3 and 4 IWCF and IADC Well Control programs run for five days with the first four days being instructor led training and the final day consisting of theory assessments.

Level 2 IWCF programs run for three days inclusive of testing.

Participants must achieve a **score of at least 70%** in each test in order to successfully complete their course.

### 7. Conditions of Training Course Participation

AWCC is committed to delivering quality training programs, while all efforts are made to ensure training courses proceed as scheduled, the Australian Well Control Centre reserves the right to cancel or reschedule training courses.

AWCC to its best effort will alert all clients of the changes in advance if possible and the reasoning behind the amendments. AWCC will not be responsible for any non-refundable travel arrangement expense resulting from the rescheduling or cancellation of an AWCC training program.

AWCC chooses not to accept any responsibility for any loss or expense incurred by the participant or company client due to their attendance at an AWCC training centre.

AWCC reserves the right to modify the terms, conditions, material and fees without advanced notice, however when changes of this nature are expected AWCC will attempt to notify all regular clientele in advance.

### 7. Student Feedback

Student Surveys are part of each course, and suggestions, comments and feedback are both welcome and encouraged.

I have read and understand the above Terms & Conditions and state the details entered below are true and correct;

#### Acceptance

Name:		Date:	
Signature:			



Eligibility to be awarded with an IWCF certificate is conditional upon you providing the information requested below. If you do not supply this information you will not be eligible to sit the examination. The information provided below will be processed by the accredited Training Provider (the training centre) for the purpose of providing training services and certification of candidates and by International Well Control Forum based in the United Kingdom (the accrediting body) for the following reasons: (1) To generate and validate secure IWCF certificates; (2) To produce a secure online certificate verification module which is used to verify the validity of certificates; and (3) In the event of loss or damage of a certificate the IWCF may issue a letter confirming Candidate Registration details and examination results in accordance with the United Kingdom's Data Protection Act 1998.

Employer details are required for certificate validation purposes and the employer will not be contacted without permission for any other reason. Candidate information will not be passed to any other third parties without permission, apart from in the following situations: (1) If there is a complaint or legal challenge concerning your attendance on the course; (2) To assist the public authorities: in the prevention or detection of crime, in the protection of public funds or the apprehension or prosecution of offenders; and (3) In other situations as required and permitted by law.

If you act unethically in relation to IWCF courses or certificates (which includes, but is not limited to, cheating in an IWCF examination or use of a counterfeit IWCF certificate), you may be included on a Banned Persons List with the consequence that you will not be entitled to sit IWCF exams or hold an IWCF certificate.

Section 1 – General Information			
First Name(s)			
Family Name			
Date of Birth		Place of Birth	
Country of Birth			
Full Home Address			
County/State			
Town/City			
Country		Postcode/Zip Code	
Mobile Telephone		Daytime Telephone	
Email			



Section 2 – Photographic Identification Details							
<p>Photographic ID must be valid for at least 2 years from date of taking this course. If less than 2 years please provide an additional Identification i.e. Photographic Driving License or a National ID Card. If unsure please contact IWCF for clarification. You will not be permitted to complete the course if you do not provide a copy of your identification. This is a global requirement of IWCF for all course enrolments.</p>							
Passport (✓)		Alternative Method of Photographic ID (✓)	→	Driving License		National ID card	Other
Country of Issue	Passport Details Here		ID Country of Issue	Alternative ID details here			
Issue Date	Passport Details Here		Issue Date	Alternative ID details here			
Passport Number	Passport Details Here		ID Number	Alternative ID details here			
Passport Expiry Date	Passport Details Here		ID Expiry Date	Alternative ID details here			

Section 3 – Additional Identification details			
<p>If the Identification is not valid for at least 2 years an additional form of identification will be required. Insert details below.</p>			
Additional ID			
ID Country of Issue	Additional ID details here	ID Number	Additional ID details here
Issue Date	Additional ID details here	ID Expiry Date	Additional ID details here

Section 4 – Payment Details (✓)			
Self-Funded		Employer Funded	Job Title

Section 5 – Employer Details			
Employer Name			
Full Address			
Postcode		Telephone	
County/State		Town/City	
Country		Email	
Fax		Employer HQ Country	



Section 6 – Current IWCF Certificate Details – Anniversary Dating						
Please provide details below if you hold a current IWCF certificate. This section should only be completed by candidates who are not registering online within the IWCF FORUM system.						
<b>Certificate Number</b>			<b>Level</b>			
<b>Expiry Date</b>			<b>Copy Provided (✓)</b>	<b>Yes</b>	<b>No</b>	

Section 7 - Undertaking
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I hereby undertake and confirm that any technical assistance which I receive during IWCF courses or examinations will not be used for projects in Russia which relate to:

- a) Oil exploration and production in water deeper than 150 metres;
- b) Oil exploration and production in the offshore area north of the Arctic Circle; or
- c) Projects that have the potential to produce oil from resources located in shale formations by way of hydraulic fracturing, with the exception of exploration and production through shale formations to locate or extract oil from non-shale reservoirs.

By signing this form, you agree to the processing of personal data (including sensitive personal data where necessary) as described above in particular, your signature below gives consent for your information to be provided to the IWCF located in the United Kingdom.

I also hereby consent to the processing of my personal information which I provide within this form and which I otherwise supply during my training (including any sensitive personal data) for the purposes described in this form, which includes, transferring my personal information to the IWCF located in the United Kingdom. I also consent to my representative to register my details on my behalf with the IWCF Forum training system and to use my details for the purposes of delivery of training to me.

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby undertake and confirm that any technical assistance which I receive during IWCF courses or examinations will not be used for projects in Russia which relate to: