

NANDTB-F009

NDT training course questionnaire

One questionnaire to be completed in full for each course to be validated under the NANDTB of Non-Destructive Testing's NDT Training approval Scheme and attached to the application for approval (NANDTB Form F007) or application for extension of scope (NANDTB F008).

Name of NDT Training organization:.....

GENERAL

1. Title of course and reference number (if applicable):.....
2. With which qualification examination(s), if any, is the course aligned: (if none, state objectives)
.....
3. Is this course approved by Hobeon-SKO sector aerospace: YES/NO (add copy approval)
4. Overall duration of the course in working days:days
5. Amount of formal instruction in hours:hours
6. Amount of practical and tutorial in hours:hours
7. What, if any, are the course entry requirements, ie, qualifications and experience:
.....
.....
8. How long has the course been available in its present form:
9. If it is a new course YES/NO
if yes what experience do you have in running similar courses:
.....
.....
10. Is the course completed with an examination or assessment: YES/NO
11. Number of questions/ assignments:
General exam.....
Specific exam.....
Number of assignments for practical exam.....
.....
12. Are the training files (attendance and certificate of approval issued to):
a) the student? YES/NO
b) the employer? YES/NO
13. Please give details of course literature issued to the student:
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.....
.....
14. Name of responsible course instructor (add Curriculum Vitae to application)

.....
Names of appointed instructors (add Curriculum Vitae for each instructor to application)
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Names of appointed level 3 examiners (add Curriculum Vitae for each examiner to application)
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15. Is responsible instructor employed full time: YES/NO
If not add third party contract to the application
Is/are instructor(s) employed full time: YES/NO
If not add third party contract to the application
Is/are level 3 examiners employed full time: YES/NO
If not add third party contract to the application

16. Do all instructors have relevant aerospace experience: YES/NO
If no give details:
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Are all examiners approved in accordance with EN4179 YES/ NO

17. Details of formal training in teaching (with dates):
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18. Details of other relevant staff involved in this course. :.....
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FACILITIES AND EQUIPMENT

19. General description of premises for:
a) Lectures: :.....
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.....
b) Practical: :.....

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.....

20. Capacity (students):

21. Details of equipment for this course (add list to application):

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22. Policy on equipment calibration:

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23. Number of available calibration blocks for this course:

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24. Number of practical specimen's representative of the range necessary to cover the requirements of the certification scheme (where applicable) with which the course is aligned:

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25. Number of examination specimen's representative of the range necessary to cover the requirements of the certification scheme (where applicable) with which the course is aligned (add list to this application):

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26. Is this course ever conducted outside the premises? YES/NO

If yes give details on process:

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