

WELLTRAIN™ COURSE BOOKING FORM

Post: Welltrain Pty Ltd, PO BOX 1264, West Perth, WA 6872
 Fax: +61 8 6216 5681
 Email: bookings@welltrain.com.au



COURSE INFORMATION

- Course Name:**
- IWCF Drilling Well Control
 - IWCF Well Intervention Pressure Control
 - IWCF Introduction to Well Control
 - Basic Drilling Awareness
 - Introduction to Well Control (No exam)
 - Introduction to Oil Industry (IOI)
 - Tubular Essentials
 - Basic Drilling Technology & Equipment
 - Advanced Well Control
 - Stuck Pipe Prevention
 - Training to Reduce Unscheduled Events (TRUE)

Start Date:/...../..... DD/MMM/YYYY

- Location:**
- Perth
 - Adelaide
 - Brisbane
 - Ho Chi Minh City, VN
 - New Plymouth, NZ
 - Kuala Lumpur, MY
 - Vung Tau City, VN

IWCF Drilling Well Control	IWCF Well Intervention Pressure Control
First BOP/Well Control School: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , we recommend you also attend the Introduction to Well Control course (no exam) before you attend this course. If no , please advise current expiry date:/...../..... DD/MMM/YYYY	
<input type="checkbox"/> Surface Supervisor <input type="checkbox"/> Combined Surface/Subsea Supervisor <input type="checkbox"/> Surface Driller <input type="checkbox"/> Combined Surface/Subsea Driller <input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 1 Day (Test Only)	<input type="checkbox"/> Level 1 (Operator) Choose minimum of one element: <input type="checkbox"/> Wireline <input type="checkbox"/> Coiled Tubing <input type="checkbox"/> Snubbing <input type="checkbox"/> Level 2 (Supervisor) All elements are compulsory <input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day

CANDIDATE INFORMATION

First Name(s): Last Name(s):
 Contact address:
 State/Country: Postcode:
 Telephone No: Mobile No:
 Work Email: Personal Email:
 Date of Birth: Country of Birth:

Note: IWCF candidates **MUST** bring photographic identification to course (passport or photo-id driving licence, if no passport held).

EMPLOYER INFORMATION

Company:
 Postal address:
 State/Country: Postcode:
 If booked by company please advise booking agent's details below:
 Name: Contact Number:
 Email Address:

PAYMENT INFORMATION

- Payment by: Self Company
- Cheque Please make payable to Welltrain Pty Ltd
- Bank transfer Bank: Australia & New Zealand Banking Group (ANZ) Account Name: Welltrain Pty Ltd
 Branch: Osborne Park BSB: 016-412 Account Number: 902212838
- For international bank transfers, please add \$AUD 20.00 transfer fee. Use SWIFT Code: ANZBAU3M
- Credit Card Please debit my Mastercard Visa for the amount of (AUD): \$

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Card Number: _____
Expiry Date: _____ MM/YY CCV No: _____
Name on Card: _____ Signature: _____

The Welltrain™ cancellation policy is explained on the course schedule. Each course outline lists course fees.
For more information refer to www.welltrain.com.au or call +61 8 6216 5680.