

Safety and Environmental Management System



Seafarer Application Form

This application form serves to provide with all information of the Applicant and will be treated as personal record should the applicant be employed. Applicant is required to complete all parts in **BLOCK CAPITALS**. Copies of all certificates, seaman's book, passport and appraisal from the previous companies (if any) are to be attached.

POSITION APPLIED FOR	Choose an item.	DATE	15/11/2020
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PERSONAL DETAILS				
Surname	Middle Name	Last Name	Nationality	
Date of Birth	Place of Birth	Religion	Age	
Education Qualification	COC Grade	Marital Status	Height/Weight	
Passport Number	Issuing Authority	Date of Issue	Date of Expiry	Overall Size
Seaman's Book Number	Issuing Authority	Date of Issue	Date of Expiry	Safety Shoe Size
Mobile Phone Number	House phone Number	Email Address		Hometown Airport
Permanent Address				

NEXT-OF-KIN		
Name	Relationship	Contact Number
Address (if different from the above)		

Officer Certification (STCW)	Certificate Number	Issuing Authority	Date of Issue	Date of Expiry
Certificate of Competency				
Certificate of Endorsement				
General Operators' Certificate				
Flag State Licence - COC				
Flag State Licence - GOC				

Rating Certification (STCW)	Certificate Number	Issuing Authority	Date of Issue	Date of Expiry
Watchkeeping				
Able Seafarer (STCW 2010)				

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STCW CERTIFICATES	Certificate Number	Issuing Authority	Date of Issue	Date of Expiry
Basic Safety Training				
Survival Craft & Rescue Boat				
Advanced Fire Fighting				
Medical First Aid				
Medical Care				
Ship Security Officer				
ARPA				
RADAR				
BTM/BRM				
ERM				
Ship Handling				
ECDIS				
ISM Code				
Ship's Cook				
Food Handling				
Flag State Tanker Endorsement				
Security Training (STCW 2010)				
Security with Designated Duties				

OFFSHORE CERTIFICATE	Certificate Number	Issuing Institute	Date of Issue	Date of Expiry
BOSEIT (OPITO Approved)				
HUET / EBS				
Rigging & Slings				
H2S Awareness				
Helicopter Landing Officer (HLO)				
Banksman				
Crane Operator				
Oxygen Resuscitator				
Dynamic Positioning (Unlimited)				
Dynamic Positioning (Limited)				
Dynamic Positioning (Advanced)				
Dynamic Positioning (Basic)				

Offshore Safety Passport	Certificate Number	Issuer	Date of Issue	Date of Expiry
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Do you have history of illness such as tuberculosis, high blood pressure, mental illness etc...?	NO	
Do you have physical disability?	NO	
Have you ever been hospitalised, operated or currently undergoing any medical treatment?	NO	
Have you had premature termination of employment agreement?	NO	
Have you been dismissed or logged for misconduct?	NO	
Have you been refused entry by any country?	NO	
Have you ever been charged in court for any offence?	NO	
Do you have alcohol drinking habit?	NO	

REFERENCE

Name		Name	
Company		Company	
Position		Position	
Contact		Contact	

I declare that the information given by me in this application form is true and accurate and I have not wilfully suppressed any material fact. I also understand that any falsification or misrepresentation in my personnel records can result in my immediate dismissal and may be subject to legal action if I am employed by the Company. I do agree to submit myself to a thorough medical examination, which I must successfully pass as one of the conditions for being accepted for employment.

I agree that as part of the procedures for processing my application, background or reference checking may be made and may require supporting documents, such as qualification certificates/ transcripts, evidence of current salary and other relevant information or documents.

In completing and signing this application form, I hereby give consent to the Company and/or its appointed administrator to collect, use and disclose my personal data for business purposes.

Date:

Applicant's Signature: