

 SEAFARER APPLICATION FORM

**Personal Information**

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| --- | --- | --- | --- |
| **Rank** |  | **Date of birth** |  |
| **Surname** |  | **Place of birth** |  |
| **First name** |  | **Citizenship** |  |
| **Father’s name** |  | **Passport №** |  |
| **Gender** |  **Male Female** | **Seaman's ID №** |  |
| **Height**  |  | **Eyes color** |  |
| **Weight** |  | **Overall size** |  |
| **Hair color** |  | **Shoe size** |  |
| **Marital status** |  **Single Married Divorced Widower** |



| **Address** |  |
| --- | --- |
| **City** |  |
| **Country** |  |
| **Postcode** |  |
| **Actual address** |  |
| **Email** |  |
| **Mobile telephone** |  |

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| --- | --- |
| **Full name** |  |
| **Relation** |  |
| **Date of birth** |  |
| **Actual address** |  |
| **Email** |  |
| **Mobile telephone** |  |

**Contact Information Next of kin**

 **Sea service**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vessel name** | **Flag** | **Type** | **Engine** | **Crewing company** | **Rank** | **Sign on** |
| **Built** | **DWT** | **Power** | **Sign off** |
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**Family Information**

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| --- | --- | --- |
| **Relation** | **Full Name** | **Date of birth** |
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**Education**

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| --- | --- | --- | --- | --- |
| **Institution** | **Faculty** | **Speciality** | **Start**  | **Graduate** |
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**Work experience**

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| --- | --- | --- | --- | --- |
| **Organisation** | **Name of job** | **Reason of dissmissal** | **Start**  | **Graduate** |
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**CERTIFICATES**

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| --- | --- | --- | --- |
| **Documents title** | **Number** | **Issue date** | **Expiry date** |
| Travel passport |  |  |  |
| Cert. of competency for rank/flag |  |  |  |
| Additional cert. of competency |  |  |  |
| GMDSS |  |  |  |
| Seaman’s book |  |  |  |
| Basic STCW (A-VI/1) |  |  |  |
| Proficiency in survival crafts |  |  |  |
| Fast rescue boats |  |  |  |
| Advanced firefighting course |  |  |  |
| Medical course |  |  |  |
| RADAR/ARPA |  |  |  |
| Hazardous Materials |  |  |  |
| Security officer |  |  |  |
| Safety officer |  |  |  |
| Risk assessment |  |  |  |
| ECDIS |  |  |  |
| Designated security duties |  |  |  |

**Foreign languages Information**

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| --- | --- | --- | --- |
| **Language** | **Result** | **Issue date** | **Expiry date** |
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I, undersigned, confirm all above information to be true and correct to my best knowledge

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|  |

Authorized signature Date

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