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| APPLICATION FORM |  |
|  | Photo |

**Rank:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PERSONAL DETAILS |
| Name: | Surname: | **Skype:** |
| Date of birth: | Place of Birth  | Nationality: |
| Address: |
| Tel.:  | **Mobile:** | **Email:** |
| Weight: | Height: | Hair: | Eyes: | Shoes: | Overall size: |

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| NEXT OF KIN |  |  |
| Name of next of kin: | Relation: | Contact phone: |
| Address of next of kin: | Children (name & DOB): |

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| GENERAL DETAILS |
| Document | Number | Date of Issue | Date of Expiry |
| Travel Passport  |  |  |  |
| Seaman’s Book |  |  |  |
| Other |  |  |  |
|  |  |  |  |
| Schengen Visa |  |  |  |
| USA Visa |  |  |  |
| International Medical Certificate |  |  |  |
| Marlins Test |  |  |  |
| CES Test |  |  |  |

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| SEA GOING EXPERIENCE FOR THE LAST 5 YEARS |
| Name of vessel | Type | Flag | DWT | M/E | Crewing | Rank | Date From dd/mm/yy | Date To dd/mm/yy |
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| CERTIFICATES |
| STCW | Number | Place of issue | Issued | Valid |
| Cert. of Competency |  |  |  |  |
| COC Endorsement |  |  |  |  |
| Basic Safety Training |  |  |  |  |
| Advance Fire Fighting |  |  |  |  |
| Survival Craft & Rescue Boat |  |  |  |  |
| Medical Care |  |  |  |  |
| Medical first aid |  |  |  |  |
| Designated Security Duties |  |  |  |  |
| Security Awareness Training |  |  |  |  |
| Carrying of Dangerous & Hazard. Substances |  |  |  |  |
| GMDSS Endorsement |  |  |  |  |
| Radar observer |  |  |  |  |
| ARPA |  |  |  |  |
| AIS course |  |  |  |  |
| Security officer (ISPS) |  |  |  |  |
| Safety officer (ISM) |  |  |  |  |
| Crude Oil Washing |  |  |  |  |
| Oil Tanker Basic |  |  |  |  |
| Oil Tanker Advanced |  |  |  |  |
| Chemical Tanker Basic |  |  |  |  |
| Chemical Tanker Advanced |  |  |  |  |
| Gas Tanker Basic |  |  |  |  |
| Gas Tanker Advanced |  |  |  |  |
| Inert Gas System |  |  |  |  |
| Engine room resource management  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Yellow fever |  |  |  |  |

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| EDUCATION AND CURRENT EMPLOYMENT |
| Degree of Diploma | Name of Maritime Institution attended | Address of institution | Date From | Date To |
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| KNOWLEDGE OF LANGUAGES |
| English: | Poor:

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 | Good:

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 | Fluent:

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| REFERENCES FROM LAST CREWING |
| NAME OF COMPANY / CREWING AGENCY | PHONE NUMBER | PERSON IN CHARGE |
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