|  |  |
| --- | --- |
|

|  |
| --- |
| PHOTO |

**APPLICATION FORM** |
| **JOINING RANK:**   |
| **SEAFARER’S PERSONAL DETAILS** |
| SURNAME:  | DATE OF BIRTH:  | MARITAL STATUS:  |
| NAME:  | PLACE OF BIRTH: | NO OF CHILDREN:  |
| FATHER’S NAME: | NATIONALITY/ RELIGION: | NEXT OF KIN (NAME/SURNAME): |
| MOTHER’S NAME: | TEL.NO:  | NEXT OF KIN (RELATION): |
| ADDRESS:  | MOBILE:  | NEXT OF KIN (CONTACT No): |
| SKYPE: | EMAIL:  | NEAREST AIRPORT:  |
| **BIOMETRIC DATA:** |
| **HEIGHT** (IN CM) | **WEIGHT** (IN KGRS) | **OVERALL SIZE** | **SHOES SIZE**(EU) |
|  |  |  |  |
| **EDUCATION**: |
| **NAME OF INSTITUTE** | **FROM** | **TO** | **QUALIFICATION** |
|  |  |  |  |
|  |  |  |  |
| **PRACTICAL EXPERIENCE**: |
| INSPECTIONS | PORT | COMPANY |
| VETTING |  |  |
| CLASS |  |  |
| **TRADING AREA OF LAST 3 CONTRACTS** |  |
| **PUMPS EXPERIENCE** |  |
| **NATIONAL DOCUMENTS** |
| **DOCUMENT** | **NUMBER** | **ISSUE DATE** | **EXPIRY DATE** | **PLACE ISSUED** |
| **PASSPORT** |  |  |  |  |
| **NATIONAL SEAMAN’S BOOK** |  |  |  |  |
| **RANK OF NATIONAL LICENSE:** |  |
| **NATIONAL LICENSES AND TRAINING CERTIFICATES** |
| **COURSE** | **CERTIFICATE NUMBER** | **ISSUE DATE** | **EXPIRY DATE** |
| COC (Certificate of Competency) |  |  |  |
| GMDSS  |  |  |  |
| BASIC TRAINING FOR OIL AND CHEMICAL TANKER  |  |  |  |
| ADVANCE OIL TANKER TRAINING |  |  |  |
| ADVANCE CHEMICAL TANKER TRAINING |  |  |  |
| BASIC SAFETY TRAINING(Personal Survival Techniques-Firefighting- First aid - Personal Safety & Social Responsibilities) |  |  |  |
| PROFICIENCY IN SURVIVAL CRAFT & RESCUE BOATS |  |  |  |
| ADVANCED FIRE-FIGHTING |  |  |  |
| MEDICAL FIRST AID |  |  |  |
| MEDICAL CARE |  |  |  |
| SHIP SECURITY OFFICER |  |  |  |
| SHIP SECURITY AWARENESS |  |  |  |
| DESIGNATED SECURITY DUTIES |  |  |  |
| ARPA (Automatic Radar Plotting Aids) |  |  |  |
| ECDIS (Electronic Chart Display and Information Systems) |  |  |  |
| ECDIS Type Specific Training (JRC for Lotus vessels) |  |  |  |
| BTM / BRM (Bridge Team Management/Bridge Resource Management)  |  |  |  |
| ERM (Engine Room Resource Management) |  |  |  |
| RISK ASSESSMENT |  |  |  |
| INCIDENT INVESTIGATION |  |  |  |
| SHIP HANDLING AND MANOEUVRING |  |  |  |
| SHIP SAFETY OFFICER |  |  |  |
| ADDITIONAL |  |  |  |
| ADDITIONAL |  |  |  |
| ADDITIONAL |  |  |  |
| **MEDICAL OBSERVATION:** | **ISSUE DATE** | **EXPIRY DATE** |
| NATIONAL MEDICAL |  |  |
| FLAG MEDICAL |  |  |
| OTHER MED. DOCS |  |  |
| YELLOW FEVER VACCINATION |  |  |
| **LANGUAGE KNOWLEDGE** |  |
| ENGLISH | FAIR:  | GOOD: | VERY GOOD: |
| RUSSIAN | FAIR:  | GOOD: | VERY GOOD: |
| OTHER | FAIR:  | GOOD: | VERY GOOD: |

|  |
| --- |
| ***SEA SERVICE RECORD*** |
| **VESSEL’S NAME** | **FLAG** | **TYPE**  | **DWT** | **YEAR OF BUILT** | **M/E TYPE** | **RANK** | **OPERATOR** | **SIGN ON****DATE** | **SIGN OFF****DATE** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **REFERENCES** |
| COMPANY |
| COMMENTS |