|  |  |
| --- | --- |
| **(ID No ) SEAFARERS APPLICATION FORM**  |   |
| Position Applied for |  | Alternative |  |  |
|  |
| **Surname** |  |  |
| **First name** |  |
| **Patronymic** |  |
| **Date & place of birth** |   | **Nationality** |  |
| Married |  | Single |  | Children under 18 years:  | Height (m): | Weight (kg): | Safety Shoes size (EU size): |
|  | Overall size: | Hair color: | Eyes color: | Boiler suit size: S, M, L, X, XX, XXX |
|  |  |  |  |  |  |
| Address | Street & postal code: | ` | International airport name:  |  |
| City/Country: |  | Domestic airport name; |  |
| Home Tel: |  | Mobile: |  | E-mail: |  |
| Next of Kin | Name / Relationship |   | Date of birth |  |
| Street**\*** |  |
| City/Country**\*** |  |
| Tel**\*** |  | Mobile |  | E-mail: |   |
| \* if same as above – please insert “As above” |
| Name of School / Academy attended | Address | Dates Attended | Type of Degree or Diploma |
| From | To | Received upon Graduation |
|  |  |  |  |  |
|  |  |  |  |  |

**References**: (state last ship management company with telephone number and address)

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**DOCUMENTS / VISAS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of documents** | **Country/ Place of issue** | **Serial Number** | **Issue Date** | **Expiration date** |
| **National Seaman’s book** |  |  |  |  |
| **Other Seaman’s book** |  |  |  |  |
| **Trav. Passport**  |  |  |  |  |
| **USA Visa** |  |  |  |  |
| **Certificate. of Competency**  |   |  |  |  |  |
| **Endorsement** |  |  |  |  |
| **Certificate. of Competency**  | …....  |  |  |  |  |
| **Endorsement** |  |  |  |  |
| **GMDSS:** |  |  |  |  |  |
| GMDSS Endorsement |  |  |  |  |
| **FoC** section  | **Flag of Convenience** Documents & Certificates :to be fill in only for **Marshall Isl. / Liberia / Cayman Isl. / St. Vincent / Bahamas / Bermuda** |
| **SIRB** /Seaman’s book  |   |   |   |   |
| **Certificate of competence**  |   |   |   |   |
| **SQ** |   |  |  |  |  |
| **GMDSS** |   |   |   |   |

**STCW CERTIFICATES & OTHER CERTIFICATES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CERTIFICATE | Place of issue | Serial Number | Issued on | Valid till |
| Personal survival techniques, (VI/1) |  |  |  |  |
| Proficiency in survival craft & rescue boats other then fast rescue boats (VI/2) |  |  |  |  |
| Advanced fire fighting (VI/3) |  |  |  |  |
| Medical First Aid (VI/4-1)  |  |  |  |  |
| Medical Care (VI/4-2) |  |  |  |  |
| Carrying Dangerous and HazardousCargoes |  |  |  |  |
| Oil tanker familiarization |  |  |  |  |
| Chemical tanker familiarization |  |  |  |  |
| Gas tanker familiarization |  |  |  |  |
| Oil tanker specialized (V/1) |  |  |  |  |
| Chemical tanker specialized (V/1) |  |  |  |  |
| Gas tanker specialized (V/1) |  |  |  |  |
| Inert gas system operations |  |  |  |  |
| Crude oil washing |  |  |  |  |
| Ship Security Officer (ISPS Code) |  |  |  |  |
| Operation of electrical and electronic control equipment |  |  |  |  |
| Safety Management System (ISM Code) |  |  |  |  |
| ECDIS – Electronic Chart Display and Information System |  |  |  |  |
| Bridge Team Management |  |  |  |  |
| High Voltage Certificate |   |   |   |   |
|  |
|  |
| ***MEDICAL EXAMINATION*** | ***DRUG and ALCOHOL TEST:*** | ***VACCINATION*** |
| Clinic: |   | Clinic |   | Yellow Fever |
| Date of examination |   | Date of examination |   | Date of vaccination |  |

COMPUTER LITERACY

|  |  |
| --- | --- |
|  Details: |  |

***PREVIOUS SEA-SERVICE (from latest to previous)***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№** | **Vessel’s name** | **D.W.T.** | **Type** | **Engine (maker/ model/ type/ Power in KW** | **Shipowner****/Managing company** | **Rank** | **Starting****date** | **Sign off****date** | **Reason for sign off** | **Duration** |
| **1** |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |
|  | **Total Sea Service in actual rank (expressed in months):**  |  |
|  | **Total Sea Service in same vessel type irrespective of rank (expressed in months):** |  |
|  | **Total Sea Service:** |  |

***REMARKS***

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| --- |
|  |

I, the undersigned, confirm that all details provided on the form are correct.

 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Seafarer’s signature