**Application**

*[PLEASE USE CAPITAL OR UPPERCASE LETTERS TO COMPLETE THIS FORM]*

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Individual’s Code Number

1. **Personal Data**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name (s) | Last Name / Surname  AFFIX YOUR  **RECENT**  PASSPORT SIZE  PHOTOGRAPH  HERE |

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality (or current Citizenship ) | Country of Origin | Date of Birth:  \_\_\_\_ / \_\_\_\_ / \_\_\_  (DD / MM / YY) | Place / City of Birth |

|  |  |
| --- | --- |
| Marital Status1: | Gender : Male  Female |

1Select from : ●Single ●Married ●Divorced ●Common Law Partner ●Widowed ●Separated

|  |  |  |
| --- | --- | --- |
| Rank applied for: | Willing to accept lower rank? Yes  No | Available From (date): \_\_\_ / \_\_\_ / \_\_  (DD / MM / YY) |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary / Permanent Address: | | Alternative / Temporary Address: Until: \_\_\_\_ / \_\_\_\_ / \_\_\_ | |
|  | |  | |
|  | |  | |
| City: | Post Code: | City: | Post Code: |
| State: | Country : | State: | Country: |
| Nearest Airport : | Home Tel: | Phone: |  |
| Mobile Tel. | Fax: | Email: |  |
| Contact Method : Email  Fax  Mobile Phone  Home Phone  Post | | | |

|  |
| --- |
| Collar: cm Chest: cm Waist: cm Inside Leg: cm Cap: cm |
| *Specify size as S, M, L, XL, XXL for :* Sweater size: Boilersuit size: |

1. **Personal ID / Documents / Visa**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Document / ID [[1]](#footnote-1)** | **Country of Issue** | **No.** | **Date of Issue**  (DD / MM / YY) | **Issued at (Place)** | **Valid Until**  (DD / MM / YY) |
| Seaman’s Book (National) |  |  |  |  |  |
| Passport |  |  |  |  |  |
| US Visa C1/D |  |  |  |  |  |
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*give tax information below only if requested to do so*

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| --- | --- | --- | --- | --- |
| **Social Security** | |  | **Personal Tax** | |
| Number: | Issuing Country |  | Number: | Issuing Country: |

1. **Nominee / Next of Kin & Family Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name of Nominee for compensation in case of fatality:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | Relationship1  \_ \_ \_ \_ \_ \_ \_ \_ | Gender : Male  Female | Nationality :  Date of Birth: |
| Address: | | | | |
| City: | Post Code: | | | Country: |
| Email: | Tel: | | | Mobile: |

1 Select From : ●Spouse ●Partner ●Child ●Parent ●Grand Parent ●Other Relative *(Please Specify)*

**Family Data:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Relationship | First Name | Last Name | Date of Birth | Passport No. | Issued | Place | Valid Until |
| Spouse / Partner2 |  |  |  |  |  |  |  |
| Child  M  F |  |  |  |  |  |  |  |
| Child  M  F |  |  |  |  |  |  |  |
| Child  M  F |  |  |  |  |  |  |  |
| Child  M  F |  |  |  |  |  |  |  |
| Child  M  F |  |  |  |  |  |  |  |
| **Indicate type of valid visa**3***USA*** ***Canada*** ***Brazil*** ***Schengen*** ***UK*** ***Other*** | | | | | | | |

2 Strike out inapplicable item 3Please consider period on board

1. **STCW-1978 (amended 1995) Compliant Certificates / Courses and Other Qualifications: -**

*(Add separate sheet if data exceeds space available.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description of Cert / Course** | **Country of Issue** | **Number** | **Date of Issue**  **(DD-MM-YY)** | **Date of Expiry**  **(DD-MM-YY)** | **Place of Issue** | **Issuing Authority / Body** |

1. **Reg I**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Personal Training Record Reg I/14 |  |  |  |  |  |  |
| Medical Fitness Cert Reg I/9 |  |  |  |  |  |  |

1. **Reg VI / 1 – Basic Safety Training**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Personal Survival Techniques |  |  |  |  |  |  |
| Elementary First Aid |  |  |  |  |  |  |
| Fire Fighting & Fire Prevention |  |  |  |  |  |  |
| Personal Safety & Social Resp. |  |  |  |  |  |  |

1. **Reg VI / 2 –4 Additional Training**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Proficiency in Survival Craft & Rescue Boat |  |  |  |  |  |  |
| Fast Rescue Boats |  |  |  |  |  |  |
| Advanced Fire Fighting |  |  |  |  |  |  |
| Medical First Aid |  |  |  |  |  |  |
| Medical Care (Master / C/O) |  |  |  |  |  |  |

1. **Reg II / 1-4, III / 1-4 Officers Certificate of Competency & Ratings Watch-keeping Certificate (including flag state endorsements)**

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4 *Enter here* ***actual description*** *given in the Competency Certificate / Watchkeeping Certificate held by you*

1. **Other mandatory/recommended Certificates / Courses –** *(as applicable)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ARPA (Reg II/1 + Solas) |  |  |  |  |  |  |
| Radar Simulator |  |  |  |  |  |  |
| English Language |  |  |  |  |  |  |
| Bridge Team / Resource Mgmnt |  |  |  |  |  |  |
| Hazmat (US – 49CFR) |  |  |  |  |  |  |
| Shiphandling/ShipManoeuvring Simulator |  |  |  |  |  |  |
| Ship Security Officer |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **Description of Cert / Course** | **Country of Issue** | **Number** | **Date of Issue**  **(DD-MM-YY)** | **Date of Expiry**  **(DD-MM-YY)** | **Place of Issue** | **Issuing Authority / Body** |

1. **GMDSS Certificates** *(including flag state endorsements)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GMDSS (Main Issuing Authority) |  |  |  |  |  |  |
| GMDSS (Flag State) |  |  |  |  |  |  |
| GMDSS (Flag State) |  |  |  |  |  |  |
| GMDSS (Flag State) |  |  |  |  |  |  |
| GMDSS (Flag State) |  |  |  |  |  |  |
| GMDSS (Flag State) |  |  |  |  |  |  |

1. **V/2 and V/3 – Special requirement for Passenger / Ro-Ro Passenger Vessels**

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| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Vsl Type -Pax / RoRoPax** | **Country of Issue** | **Number** | **Date of Issue**  **(DD-MM-YY)** | **Place of Issue** | **Issuing Authority / Body** |
| Crowd Management |  |  |  |  |  |  |
| Crisis Mgmnt & Human Behaviour |  |  |  |  |  |  |
| Pax Safety, Cargo Safety & Hull Integrity | RoPax |  |  |  |  |  |
| Pax Safety |  |  |  |  |  |  |
| Familiarisation Training |  |  |  |  |  |  |
| Safety Training |  |  |  |  |  |  |

**5. Sea Experience :** *(Last 5 years; Start the listing below with the most recent experience)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company** | **Flag & Vessel Name** | **Type (1)** | **GRT** | **DWT** | **Main Engine (2)** | **BHP** | **Rank** | **Date From**  dd/mm/yy | **Date To**  dd/mm/yy |
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(1) Use *only* the following abbreviations for vsl types:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B/C | Bulk Carrier | FPSO | FloatgProdStorOffldg | MLP | Multi-purpose | PAS | Passenger Ship | YAT | Yacht |
| CON | Cellular Container | GCD | General Cargo | MSV | MultiServiceVessel | RFG | Reefer Vessel | TNB | Tanker(Bitumen) |
| CHM | Chem Carrier IMO I-II | HLV | Heavy Lift Vsl | NVL | Naval Ship | R/R | Ro/Ro Carrier | TNC | Tanker(Crude) |
| CH3 | Chem Carrier IMO III | LSH | Lash | RIG | OffShore Oil Rig | PRR | RoRo-Pax | TNP | Tanker(Products) |
| DRG | Dredgers | LIV | Live Stock Carrier | OSV | OffShore Supply Vsl | SAL | Sailing Vsl | TNS | Tanker(Storage) |
| DP | Dynamic Positioning | LNG | LNG Carrier | OBO | Ore/Bulk/OilCarrier | SRV | Survey Vessel | TNV | Tanker(vlcc/ulcc) |
| FSH | Fishing Vsl | LOG | Log/Timber | O/O | Ore/OilCarrier | SUL | Self-Unloader |  |  |
| FSO | FloatingStorageOffldg | LPG | LPG Carrier | OTH | Other | TUG | Tug |  |  |

(2) Engineers to give make/model of engines, e.g. “MAN 14V52/55A” or “SULZER 5RTA58”

##### 6. Medical History:

***All*** *previous illnesses other than minor afflictions should be stated below or updated. If not previously disclosed, the Company is entitled to refuse any reimbursement of medical costs, claim for treatment or for any other insured benefits.*

Blood Type:

**(A) Have you ever signed off a ship due to medical reasons?**  **Yes  No**

If yes, please provide following details (If space is insufficient, attach additional sheets) :

|  |  |  |
| --- | --- | --- |
| **Name of vessel** | **Date of occurrence** | **Place of occurrence** |
|  |  |  |
| Brief description of illness/injury/accident | | |

**(B) Have you undergone any operation in the past?  Yes  No**

If yes, please provide following details:

|  |  |  |  |
| --- | --- | --- | --- |
| Details of operation | Date | Period of disability | Present condition |
|  |  |  |  |
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**(C) For what illnesses or accidents have you consulted a doctor during the last 12 months?**

|  |  |  |
| --- | --- | --- |
| Details of illness / accident | Date | Therapy/Treatment |
|  |  |  |
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**(D) Please give details of any health or disability problem**

|  |  |
| --- | --- |
| Details: |  |
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**7. General**

**(A) Have you ever been denied a foreign visa?**  **Yes  No**

If yes, state which country and reason (if known)

**(B) Have you been the subject of a court of enquiry or involved in a maritime accident?  Yes  No**

If yes, please attach details

**(C) Give details below of two recent employers who we may contact for references:**

|  |  |  |
| --- | --- | --- |
|  | Reference 1 | Reference 2 |
| Name of Company |  |  |
| Name of person to contact |  |  |
| Address |  |  |
| Country |  |  |
| Telephone |  |  |

**8. Personal Data Notification & Consent (PDN&C) form CRW28a attached to this application and:**

**(A) Section 2 Notification signed:  Yes**

**(B) Section 3 Consent signed:  Yes**

***I hereby declare that the above facts and information are true and accurate.***

*Place: ………………………… Date: …………………………….. Signature: .…………………………………………………………..*

|  |
| --- |
| ***For Office Use****:* |

1. Select as applicable: ●Passport ●Seamans Book ●Seaman Passport ●Seafarers’ Identity Document ●Registration Book ●National ID Card ●PAG-IBIG Housing Insurance ●Health Insurance ●Overseas Emp Cert ●PHL Card ●Pension Fund ●Provident Trust ●Professional Organisation ●Driving Licence ●Visa ●Vaccination ●Yellow Fever. [↑](#footnote-ref-1)