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| **APPLIED RANK:** | **READINESS:** |  |
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| *PERSONAL DETAILS* |
|  **SURNAME:** |   |  **FORENAMES:** |   |   |
|  DATE OF BIRTH: |        |  PLACE OF BIRTH: |        |
|  FATHER’S NAME: |        |  MOTHER’S NAME: |        |
|  NATIONALITY: |        |  MARITAL STATUS: |   |
|  HEIGHT (CM): |        |  WEIGHT (KG): |        |
|  COLOUR OF EYES: |        |  COLOUR OF HAIR: |        |
|  NO. OF CHILDREN UNDER 18: |     |  NEAREST AIRPORT: |        |

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| CONTACT DETAILS |
|  HOME ADDRESS: |   |
|  PHONE: |        |  MOBILE: |        |
|  FAX: |        |  E-MAIL: |        |

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| *NEXT OF KIN* |
|  SURNAME: |        |  FORENAMES: |        |        |
|  DATE OF BIRTH: |        |  RELATIONSHIP: |        |
|  HOME ADDRESS: |        |
|  PHONE: |        |  MOBILE: |        |

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| ***EDUCATION*** |
| Attended School | From | To | Diploma |
|        |        |        |        |

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| ***LICENCE (CERTIFICATE OF COMPETENCY)*** |
| National Licences | No. | Issued | Expires | Issue Authority |
|        |        |       |       |        |
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| ***FLAG DOCUMENTS*** |
| Licence/Seaman’s Book/GMDSS | No. | Issued | Expires | Country\* |
|        |        |       |       |        |
|        |        |       |       |        |
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| OTHER DOCUMENTS |
| Document | No. | Issued | Expires | Issue Authority |
|  SEAMAN'S BOOK |        |       |       |        |
|  MEDICAL CERTIFICATE |        |       |       |        |
|  PASSPORT |        |       |       |        |
|  US VISA (C1/D) |        |       |       |        |
|  YELLOW FEVER VACC. |        |       |       |        |
|   |        |       |       |        |

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| LANGUAGES |
| Language | Level | Remarks (Merlin /CES test results etc.) |
|  ENGLISH (OBLIGATORY) |   |        |
|  GERMAN |   |        |

***COURSES***

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| Courses | **No.** | **Issued** | **Expires** | **Issue Authority** |
|  Personal Survival Techniques |        |       |       |        |
|  Personal Safety & Social Responsibility |        |       |       |        |
|  Elementary First Aid |        |       |       |        |
|  Medical First Aid |        |       |       |        |
|  Medical Care |        |       |       |        |
|  Basic Fire Fighting |        |       |       |        |
|  Advanced Fire Fighting |        |       |       |        |
|  Proficiency in Survival Craft & Rescue Boats |        |       |       |        |
|  Fast Rescue Boats |        |       |       |        |
|  Security Duties |        |       |       |        |
|  Security Awareness |        |       |       |        |
|  Ship Security Officer |        |       |       |        |
|  ARPA Operation Level |        |       |       |        |
|  ARPA Management Level |        |       |       |        |
|  GMDSS |        |       |       |        |
|  HAZMAT |        |       |       |        |
|  ECDIS |        |       |       |        |
|  Bridge Resources Management |        |       |       |        |
| Engine Room Resources Management |        |       |       |        |
|        |        |       |       |        |
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|        |        |       |       |        |
|        |        |       |       |        |
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|        |        |       |       |        |
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***SEA SERVICE last 5 years***

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| **Vessel** | **Flag** | **Gross Tonnage** | **Type of Vessel** | **Engine** | **Engine Power (kW)** | **Signed On** | **Signed Off** | **Rank** | **Company** | **Agency** |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |       |       |
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| ***PREVIOUS EMPLOYMENT & REFERENCES (last 2 employers)*** |
| **Employer:** |       | **Phone:** |       | **Contact Person:** |       |
| **Employer:** |       | **Phone:** |       | **Contact Person:** |       |
| **Reason for wishing to change employer:** |       |
| **Last Salary:** |       | **Acceptable Salary:** |       |

**Applicant Signature:  Date:**