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| PHOTO |

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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: |  | NEAREST AIRPORT: |  | |
| HEIGHT (CM): |  | WEIGHT (KG): |  | |

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

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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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***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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| ***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:**