

Worldwide Ship Managment Company

APPLICANT'S PERSONAL DATA

	OSITION OR RANK:			L	AH	E OF READ	INESS:			WAGES	5 :	
FAN	IILY NAME :					CITIZEN	SHIP:					
FIR	ST NAME:					ADDRES	S (full ma	il styl	e): index			
FAT	HER'S NAME:											
	E OF BIRTH:											
	CE OF BIRTH:					NEAREST		Γ:				
E-M	AIL:					HOME PH						
						MOBILE	РН.:					
MA	RITAL STATUS :					NEXT OF	KIN INFO	RMATI	ION:			
WIF	E'S FAMILY NAME:					RELATIO	N:					
WIF	E'SFIRST NAME :					FAMILY 1	NAME:					
WIF	E'S FATHER'S NAME:					FIRST NA	ME:					
	E OF BIRTH:					FATHER'						
ADI	PRESS (full style): inde	ex				ADDRES	S (full sty	le): in	dex			
CON	TACT PHONE:					CONTAC	T PHON	E:				
Fam	ly/First//Middle Name of	FATHER				Family (n	naiden na	me)/Fi	irst//Midd	le Name of I	MO	THER
CHI	LDREN'S LAST/FIRS	T NAME	(UNDE	R 18):			CHILDR	EN'S	DATE OF	BIRTH:	ľ	Number of kids
1	CLOTHES	0:	OL OTHE	_		CIZE		-				
		SIZE	CLOTHES			SIZE		HT (Cms				
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	OVERALL (digit size)	SIZE	SWEATE	R (digit size)	eck)	SIZE	WEIG COLC	HT (Kgs	YES			
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BASIC SAFETY TRAINING STCW '95	A-VI/1-4		
PROFICIENCY IN SURVIVAL CRAFT, RESCUE B.	A-VI/2-1		
PROFICIENCY IN FAST RESCUE BOATS			
SECURITY DUTIES / AWARNESS	A-VI/6-2		
OIL&GAS UK Medical Certificate			
GWO Working at heights			
GWO First Aid			
GWO Fire Awareness			
GWO Manual Handling			
Confined Spaces Awareness			
GWO Sea Survival			
Chester Step Test certificate			
VCA Certificate			
Banksman & Slinger Certificate			
Rigging Lifting Training			
Crane Operator Certificate			
Boat Transfer Training			
Lifting and Rigging Supervisor Training			
LOLER (Lifting Operations and Lifting Equipment			
Regulations)			
HLO (Helicopter Landing Officer Nogepa 1.1 A			
Training			
OERTM (Offshore Emergency Response Team			
Member)			
OERTL (Offshore Emergency Response Team leader)			
HDA (Helicopter Deck Assistant Nogepa 1.3 A)			
HDA (Helicopter Deck Assistant Nogepa 1.3 B)			
Coxwain Man Overboard Boat			
Dangerous Goods Training			
MIST (Minimum Industry Safety Training)			
H2S (Awareness training course)			
OSR (Offshore Safety Representative)			
HR (Helicopter Refueling Training)			

DATE: SIGNATURE OF EMPLOYEE: Signature Signature	HEALTH CERTIFICATE	Issued by			Doto of icare			Volta 4	:11	
OTHER DOCUMENTS ISSUED BY NO ISSUED VALID POOR Name of English test VISAS (IF VALID) OR ID RESIDENTS CARD EU No PLACE OF ISSUE (city/country) WORK EXPERIENCE LAST 10 YEARS WORK EXPERIENCE LAST 10 YEARS LAST CREWING AGENCIES / OWNERS CONTACT DETAILS COMPANY NAME TELIFAX/E-MAIL CONTACT PERSON DATE: SIGNATURE OF EMPLOYEE:		Date of issue				Valid till				
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