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| **APPLICATION FORM** | | | | |
| **SECTION 1** | **PERSONAL DETAILS** | | **PASSPORT PHOTO** | |
| Position Applied For |  | |  | |
| Family Name / Surname |  | |
| First Name / Given Name |  | |
| Date & Place of Birth |  | |
| Nationality |  | |
| Permanent Address |  | |
|  | |
| Present Address |  | | | |
|  | | | |
| Present Contact Number |  | | | |
| Mobile Phone number |  | | | |
| Email Address |  | | | |
| Skype Address |  | | | |
| **SECTION 2** | **PASSPORT DETAILS** | **VISA DETAILS** | | |
| **PASSPORT** | | **VISA** | | |
| Country of Issue |  | Visa Type | |  |
| Date of Issue |  | Expiry Date | |  |
| Place of Issue |  |  | |  |
| Passport Number |  |  | |  |
| Passport Expiry Date |  |  | |  |
| **SECTION 3** | **SEAMAN BOOK / DISCHARGE BOOK / SEAMAN RECORD BOOK / CDC** | | | |
| Issuing Country / Place |  | Date Issued | |  |
| Number |  | Expiry Date | |  |
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| **SECTION 4** | | **NEXT OF KIN** | | | | | | | | | | | | | | | | |
| Full Name / Relationship | |  | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | |
| Contact Numbers | |  | | | | | | | | | | | | | | | | |
| Children / Dependants (Including Age) | | | | | | | | | | | | | | | | | | |
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| **SECTION 5** | **STCW 1978, AS AMENDED – HIGHEST CERTIFICATE OF COMPETENCY / LICENCE HELD** | | | | | | | | | | | | | | | | | |
| CLASS / GRADE / CAPACITY | ISSUING COUNTRY | | | CERTIFICATE NO. | | | DATE ISSUED | | | | EXPIRY | | | | DETAILS OF LIMITATIONS | | | |
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| **SECTION 6** | | **STCW 1978, AS AMENDED - DANGEROUS CARGO ENDORSEMENTS** | | | | | | | | | | | | | | | | |
|  | | Certificate No. | | | Date Issued | | | | | Expiry Date | | | | Limitations/Grade | | | | |
| Petroleum | |  | | |  | | | | |  | | | |  | | | | |
| Liquefied Gas | |  | | |  | | | | |  | | | |  | | | | |
| Liquid Chemical | |  | | |  | | | | |  | | | |  | | | | |
| Others | |  | | |  | | | | |  | | | |  | | | | |
| **SECTION 7** | | **STCW 1978, AS AMENDED RELATED COURSES ATTENDED AND CERTIFICATES OBTAINED** | | | | | | | | | | | | | | | | |
| **COURSE NAME / CERTIFICATE** | | **STCW CODE** | | | **PLACE** | | | **CERTIFICATE NO.** | | | | **ISSUE DATE** | | | | **EXPIRY DATE** | | |
| Personal Survival Techniques | | A-VI/1-1 | | |  | | |  | | | |  | | | |  | | |
| Basic Sea Survival / Training | | A-VI/1 | | |  | | |  | | | |  | | | |  | | |
| Fire Prevention & Fire Fighting | | A-VI/1-2 | | |  | | |  | | | |  | | | |  | | |
| Elementary First Aid | | A-VI/1-3 | | |  | | |  | | | |  | | | |  | | |
| Personal Safety & Social Responsibility | | A-VI/ 1-4 | | |  | | |  | | | |  | | | |  | | |
| Proficiency In Survival Craft & Rescue Boats | | A-VI/ 2-1 | | |  | | |  | | | |  | | | |  | | |
| Proficiency In Rescue Crafts | |  | | |  | | |  | | | |  | | | |  | | |
| Advanced Fire Fighting | | A-VI / 3 | | |  | | |  | | | |  | | | |  | | |
| Medical First Aid | | A-VI / 4-1 | | |  | | |  | | | |  | | | |  | | |
| Medical Care  (Ship Captains Medical Course) | | A-VI / 4-2 | | |  | | |  | | | |  | | | |  | | |
| Radar & ARPA Simulator Training (Management Level) | | A-II / 1-2 | | |  | | |  | | | |  | | | |  | | |
| GMDSS & Endorsement | | A-IV / 2 | | |  | | |  | | | |  | | | |  | | |
| Safety Officers Course (SO) | |  | | |  | | |  | | | |  | | | |  | | |
| Ship Security Officers Course (SSO) | | A-VI / 5 | | |  | | |  | | | |  | | | |  | | |
| Medical Certificate / Health certificate | | ILO Convention 147 | | |  | | |  | | | |  | | | |  | | |
| Drug & Alcohol Test Certificate | |  | | |  | | |  | | | |  | | | |  | | |
| Yellow Fever | |  | | |  | | |  | | | |  | | | |  | | |
| Bridge Team Management | | A-II / 2 | | |  | | |  | | | |  | | | |  | | |
| Bridge Resources Management | | B-VIII / 2 | | |  | | |  | | | |  | | | |  | | |
| Electronic Chart Display and Information System Course (ECDIS) | |  | | |  | | |  | | | |  | | | |  | | |
| ISM Code | | A.1441 (18) | | |  | | |  | | | |  | | | |  | | |
| Tanker Familiarization | | A-V / 1 | | |  | | |  | | | |  | | | |  | | |
| Advanced Tanker Operations (Chemical) | | A-V / 1-2 | | |  | | |  | | | |  | | | |  | | |
| Advanced Tanker Operations (Oil) | | A-V / 1 | | |  | | |  | | | |  | | | |  | | |
| Advanced Tanker Operations (LPG) | | A-V / 1 | | |  | | |  | | | |  | | | |  | | |
| Inert Gas | |  | | |  | | |  | | | |  | | | |  | | |
| Crude Oil Washing | |  | | |  | | |  | | | |  | | | |  | | |
| Tanker Safety (Petroleum) | |  | | |  | | |  | | | |  | | | |  | | |
| Tanker Safety (Chemical) | |  | | |  | | |  | | | |  | | | |  | | |
| Tanker Safety (Gas) | |  | | |  | | |  | | | |  | | | |  | | |
| Refresher & Updating | | I/II & III/2 | | |  | | |  | | | |  | | | |  | | |
| Other | |  | | |  | | |  | | | |  | | | |  | | |
| Other | |  | | |  | | |  | | | |  | | | |  | | |
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| **SECTION 8** | | | **OFFSHORE INDUSTRY COURSES** | | | | | | | | | | | | | | | |
| **Please enter below any other offshore related courses and certificates held that are not mentioned here** | | | | | | | | | | | | | | | | | | |
| Name of Course / Certificate | | | Approvals | | | Place | | | Certificate No. | | | | Issue Date | | | | Expiry Date | |
| BOSIET | | |  | | |  | | |  | | | |  | | | |  | |
| HUET | | |  | | |  | | |  | | | |  | | | |  | |
| POET | | |  | | |  | | |  | | | |  | | | |  | |
| OFFSHORE MEDICALS  (UK, NORWAY or Netherland) | | |  | | |  | | |  | | | |  | | | |  | |
| Re-Breather Training | | |  | | |  | | |  | | | |  | | | |  | |
| Initial Standby vessel crews Training (ITSO) | | |  | | |  | | |  | | | |  | | | |  | |
| CAA (Civil Aviation Authorities - Helicopter) | | |  | | |  | | |  | | | |  | | | |  | |
| Advanced Medical Aider (AMA) | | |  | | |  | | |  | | | |  | | | |  | |
| HLO | | |  | | |  | | |  | | | |  | | | |  | |
| Marlin’s English Test | | | *Score: %* | | |  | | |  | | | |  | | | |  | |
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| High Voltage Training | | |  | | |  | | |  | | | |  | | | |  | |
| Dynamic Positioning Induction Course | | |  | | |  | | |  | | | |  | | | |  | |
| Dynamic Positioning Simulator Course | | |  | | |  | | |  | | | |  | | | |  | |
| Dynamic Positioning Operators Certificate | | |  | | |  | | |  | | | |  | | | |  | |
| Dynamic Positioning Maintenance Certificate | | |  | | |  | | |  | | | |  | | | |  | |
| Dynamic Positioning Log Book Details | | |  | | |  | | |  | | | |  | | | |  | |
| **DP SYSTEM DETAILS** | | | Approx Hours as SDPO / Approx Days in case of Senior ETO / Senior Engineer | | | | | | | | Approx Hours as DPO / Approx Days in case of Junior ETO / Junior Engineer | | | | | | | |
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| **SECTION 9 APPROXIMATE TOTAL DP HOURS IN VARIOUS OPERATIONS** | | | | | | | | | | | | | | | | | | |
| SAT DIVING | | |  | | | | CABLE LAYING | | | | | | | |  | | | |
| AIR DIVING | | |  | | | | SURVEY | | | | | | | |  | | | |
| ROV | | |  | | | | PIPE LAYING | | | | | | | |  | | | |
| WELL STIMULATION / INTERVENTION / ACTIVATION | | |  | | | | DRILL SHIP / SEMI SUB | | | | | | | |  | | | |
| AHTS | | |  | | | | PSV | | | | | | | |  | | | |
| FPSO | | |  | | | | SHUTTLE TANKER | | | | | | | |  | | | |
| CONSTRUCTION | | |  | | | | ROCK DUMPING / MATTRESSING | | | | | | | |  | | | |
| CORING | | |  | | | | TRENCHING | | | | | | | |  | | | |
| HEAVY LIFT | | |  | | | | ACCOMMODATION GANGWAY | | | | | | | |  | | | |
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| **SECTION 10 MEDICAL HISTORY** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Yes** | | | | **No** |
| Have you ever signed off from a ship due to medical reason? | | | | | | | | | | | | | |  | | | |  |
| Have you undergone any medical operations in the past? | | | | | | | | | | | | | |  | | | |  |
| Have you consulted a Doctor during the past 12 months on an illness / accident? | | | | | | | | | | | | | |  | | | |  |
| Do you have any health or disability problem now? | | | | | | | | | | | | | |  | | | |  |
| **If you answered YES to any of the above questions, please give further details below or on a separate sheet:** | | | | | | | | | | | | | | | | | | |
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| **SECTION 11 GENERAL** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Yes** | | | | **No** |
| Have you ever been subject of a court of enquiry or involved in a maritime accident? | | | | | | | | | | | | | |  | | | |  |
| Have you ever had a professional licence suspended or revoked? | | | | | | | | | | | | | |  | | | |  |
| Have you ever been convicted of any criminal offence? | | | | | | | | | | | | | |  | | | |  |
| Have you ever been dismissed? | | | | | | | | | | | | | |  | | | |  |
| **If you answered YES to any of the above questions, please give full details below or on a separate sheet:** | | | | | | | | | | | | | | | | | | |
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| **SECTION 12 REFERENCES (LAST TWO MOST RECENT EMPLOYERS)** | | | | | | | | | | | | | | | | | | |
| Name of company | | |  | | | | | | | | | | | | | | | |
| Name of Person to be contacted | | |  | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Telephone Number / Fax Number | | |  | | | | | | | | | | | | | | | |
| Email Address | | |  | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | |
| Name of Company | | |  | | | | | | | | | | | | | | | |
| Name of Person to be contacted | | |  | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Telephone Number / Fax Number | | |  | | | | | | | | | | | | | | | |
| Email Address | | |  | | | | | | | | | | | | | | | |
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| **SECTION 13 ANY OTHER INFORMATION YOU WISH TO ADD IN SUPPORT OF THIS APPLICATION** | | | | | | | | | | | | | | | | | | |
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| **SECTION 14 DECLARATION** | | | | | | | | | | | | | | | | | | |
| I hereby declare that the above particulars are true and I authorise you to contact the referees listed above and confirm that all my certificates / licences are authentic and my sea service record is also accurate. | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | Date | | | | | | | | | | | |

**\*Completed application form and scanned copies of requisite certificates/documents should be forwarded by email to crewing@centaurusmarineservices.com**

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| **SECTION 15 RECORD OF SEA SERVICE** | | | | | | | | |
| **Please give full record of sea service starting from last vessel first** | | | | | | | | |
| VESSEL | COMPANY | TYPE OF VESSEL AND TYPE OF OPERATION IN CASE OF DP VESSELS | DWT OR GRT | TYPES OF ENGINES OR DP SYSTEM | BHP | RANK | DATE SIGNED ON (DD/MM/YY) | DATE SIGNED OFF (DD/MM/YY) |
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