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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: %* |  |  |  |  |
|  |  |  |  |  |  |
| 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 |  |
|  |  |  |  |
| **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:** |
|  |
|  |
| **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 |  |
|  |  |
| **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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