

## Application Form

[PLEASE USE CAPITAL OR UPPERCASE LETTERS TO COMPLETE THIS FORM]

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Individual's Code Number

### 1. Personal Data

First Name	Middle Name (s)	Last Name / Surname
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Nationality (or current Citizenship)	Country of Origin	Date of Birth: ____ / ____ / ____ (DD / MM / YY)	Place / City of Birth
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Marital Status <sup>1</sup> :	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	Religion:
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<sup>1</sup>Select from : ●Single ●Married ●Divorced ●Common Law Partner ●Widowed ●Separated

AFFIX YOUR  
**RECENT**  
PASSPORT SIZE  
PHOTOGRAPH  
HERE

Rank applied for:	Willing to accept lower rank? Yes <input type="checkbox"/> No <input type="checkbox"/>	Available From (date): ____ / ____ / ____ (DD / MM / YY)
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<u>Primary / Permanent Address:</u>		<u>Alternative / Temporary Address:</u> Until: ____ / ____ / ____	
City:	Post Code:	City:	Post Code:
State:	Country :	State:	Country:
Nearest Airport :	Home Tel:	Phone:	
Mobile Tel.	Fax:	Email:	
Contact Method :	Email <input type="checkbox"/>	Fax <input type="checkbox"/>	Mobile Phone <input type="checkbox"/>
		Home Phone <input type="checkbox"/>	Post <input type="checkbox"/>

Collar:    cm	Chest:    cm	Waist:    cm	Inside Leg:    cm	Cap:    cm
Specify size as S, M, L, XL, XXL for:		Sweater size:	Boilersuit size:	Shoe Size:

### 2. Personal ID / Documents / Visa

Type of Document / ID <sup>2</sup>	Country of Issue	No.	Date of Issue (DD / MM / YY)	Issued at (Place)	Valid Until (DD / MM / YY)
Seaman's Book (National)					
Passport					
US Visa C1/D					
National Seaman ID					
Yellow fever					
Australia MCV					

Social Security	
Number:	Issuing Country

GIVE TAX INFORMATION BELOW ONLY IF REQUESTED TO DO SO

Personal Tax	
Number:	Issuing Country:

<sup>2</sup> Select as applicable: ●Passport ●Seamans Book ●Seaman Passport ●Seafarers' Identity Document ●Registration Book ●National ID Card ●PAG-IBIG Housing Insurance ●Health Insurance ●Overseas Emp Cert ●PHL Card ●Pension Fund ●Provident Trust ●Professional Organisation ●Driving Licence ●Visa ●Vaccination ●Yellow Fever.

### 3. Nominee / Next of Kin & Family Details

Full Name of Nominee for compensation in case of fatality:		Relationship <sup>1</sup>	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality :
Address:				
City:	Post Code:		Country:	
Email:	Tel:		Mobile:	

<sup>1</sup>Select From : ●Spouse ●Partner ●Child ●Parent ●Grand Parent ●Other Relative (Please Specify)

#### Family Data:

Relationship	First Name	Last Name	Date of Birth	Passport No.	Issued	Place	Valid Until
Spouse / Partner <sup>2</sup>							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Child <input type="checkbox"/> M <input type="checkbox"/> F							
Indicate type of valid visa <sup>3</sup> <input type="checkbox"/> USA <input type="checkbox"/> Canada <input type="checkbox"/> Brazil <input type="checkbox"/> Schengen <input type="checkbox"/> UK <input type="checkbox"/> Other							

<sup>2</sup>Strike out inapplicable item <sup>3</sup>Please consider period on board

### 4. STCW-1978 (amended 1995) Compliant Certificates / Courses and Other Qualifications: -

(Add separate sheet if data exceeds space available.)

Description of Cert / Course	Country of Issue	Number	Date of Issue (DD-MM-YY)	Date of Expiry (DD-MM-YY)	Place of Issue	Issuing Authority / Body
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#### (A) Reg I

Personal Training Record Reg I/14						
Medical Fitness Cert Reg I/9						

#### (B) Reg VI / 1 - Basic Safety Training

Personal Survival Techniques						
Elementary First Aid						
Fire Fighting & Fire Prevention						
Personal Safety & Social Resp.						

#### (C) Reg VI / 2-4 Additional Training

Proficiency in Survival Craft & Rescue Boat						
Fast Rescue Boats						
Advanced Fire Fighting						
Medical First Aid						
Medical Care (Master / C/O)						

#### (D) Reg II / 1-4, III / 1-4 Officers Certificate of Competency & Ratings Watch-keeping Certificate (including flag state endorsements)

<sup>4</sup>						

<sup>4</sup> Enter here actual description given in the Competency Certificate / Watchkeeping Certificate held by you

#### (E) Other mandatory/recommended Certificates / Courses - (as applicable)

ARPA (Reg II/1 + Solas)						
Radar Simulator						
English Language						
Bridge Team / Resource Mgmt						
Hazmat (US – 49CFR)						
Shiphandling /ShipManoeuvring Simulator						
Shipboard Security Officer						
<b>ECDIS</b>						

Description of Cert / Course	Country of Issue	Number	Date of Issue (DD-MM-YY)	Date of Expiry (DD-MM-YY)	Place of Issue	Issuing Authority / Body
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**(F) GMDSS Certificates** *(including flag state endorsements)*

GMDSS (Main Issuing Authority)						
GMDSS (Flag State)						
GMDSS (Flag State)						
GMDSS (Flag State)						
GMDSS (Flag State)						
GMDSS (Flag State)						

**(G) Reg V / 1 - Special Requirement for Tankers**

Description	Level1:Asst Level2:Incharge	Country of Issue	Number	Date of Issue (DD-MM-YY)	Date of Expiry (DD-MM-YY)	Place of Issue	Issuing Authority / Body
Endorsement – Oil							
Endorsement – Chem I/II							
Endorsement – Chem III							
Endorsement – Gas							
Tanker Familiarisation (Oil) Para 1							
Tanker Familiarisation (Chemical) Para 1							
Tanker Familiarisation (Gas) Para 1							
Special Tanker Safety (Oil) Para 2							
Special Tanker Safety (Chemical) Para 2							
Special Tanker Safety (Gas) Para 2							

**(H) V/2 and V/3 - Special requirement for Passenger / Ro-Ro Passenger Vessels**

Description	Vsl Type -Pax / RoRoPax	Country of Issue	Number	Date of Issue (DD-MM-YY)	Place of Issue	Issuing Authority / Body
Crowd Management						
Crisis Mgmt & Human Behaviour						
Pax Safety, Cargo Safety & Hull Integrity	RoPax					
Pax Safety						
Familiarisation Training						
Safety Training						

**5. Sea Experience :** *(Last 5 years; Start the listing below with the most recent experience)*

Company	Flag & Vessel Name	Type <sup>(1)</sup>	GRT	DWT	Main Engine <sup>(2)</sup>	BHP	Rank	Date From dd/mm/yy	Date To dd/mm/yy

<sup>(1)</sup> Use *only* the following abbreviations for vsl types:

B/C	Bulk Carrier	FPSO	FloaotgProdStorOffldg	MLP	Multi-purpose	PAS	Passenger Ship	YAT	Yacht
CON	Cellular Container	GCD	General Cargo	MSV	MultiServiceVessel	RFG	Reefer Vessel	TNB	Tanker(Bitumen)
CHM	Chem Carrier IMO I-II	HLV	Heavy Lift Vsl	NVL	Naval Ship	R/R	Ro/Ro Carrier	TNC	Tanker(Crude)
CH3	Chem Carrier IMO III	LSH	Lash	RIG	OffShore Oil Rig	PRR	RoRo-Pax	TNP	Tanker(Products)
DRG	Dredgers	LIV	Live Stock Carrier	OSV	OffShore Supply Vsl	SAL	Sailing Vsl	TNS	Tanker(Storage)
DP	Dynamic Positioning	LNG	LNG Carrier	OBO	Ore/Bulk/OilCarrier	SRV	Survey Vessel	TNV	Tanker(VLCC/ULCC)
FSH	Fishing Vsl	LOG	Log/Timber	O/O	Ore/OilCarrier	SUL	Self-Unloader		
FSO	FloatingStorageOffldg	LPG	LPG Carrier	OTH	Other	TUG	Tug		

<sup>(2)</sup> Engineers to give make/model of engines, e.g. "MAN 14V52/55A" or "SULZER 5RTA58"

## 6. Medical History:

### Sheet 4

All previous illnesses other than minor afflictions should be stated below or updated. If not previously disclosed, the Company is entitled to refuse any reimbursement of medical costs, claim for treatment or for any other insured benefits.

Blood Type:

(A) Have you ever signed off a ship due to medical reasons?  Yes  No

If yes, please provide following details (If space is insufficient, attach additional sheets) :

Name of vessel	Date of occurrence	Place of occurrence
Brief description of illness/injury/accident		

(B) Have you undergone any operation in the past?  Yes  No

If yes, please provide following details:

Details of operation	Date	Period of disability	Present condition

(C) For what illnesses or accidents have you consulted a doctor during the last 12 months?

Details of illness / accident	Date	Therapy/Treatment

(D) Please give details of any health or disability problem

Details:

## 7. Bank Details:

Other Details: (if any)

Bank Name	
Address	
Account Name	
Account No.	
Sort Code	

## 8. General

(A) Have you ever been denied a foreign visa?  Yes  No

If yes, state which country and reason (if known)

(B) Have you been the subject of a court of enquiry or involved in a maritime accident?  Yes  No

If yes, please attach details

(C) Give details below of two recent employers who we may contact for references:

	Reference 1	Reference 2
Name of Company		
Name of person to contact		
Address		
Country		
Telephone		

I hereby declare that the above, including Medical History, is true. I further consent to the holding and processing by you and any of your direct or indirect parent or subsidiary or associated or affiliated companies ("V Ships") and your or V Ships' principals of personal data about me (including where appropriate data concerning racial or ethnic origin, religious beliefs, membership of a trade union, physical or mental health or condition, commission or alleged commission of an offence and the proceedings and the outcome of any proceedings relating thereto) for all purposes related to my application for employment on board vessels managed by V Ships or vessels owned or operated by third parties for whom V Ships is engaged to provide crew. I understand that this data will be stored in your databases in relation to my actual or potential employment by or through V Ships. Further, I confirm that the above may involve the transfer of my personal data within V Ships or to third parties worldwide.

Place: ..... Date: ..... Signature: .....

**FOR OFFICE USE:**