



Board of Examinations for Seafarers Trust

Application form for Consultants/ Management Positions

FORMAT- AD-09
DATE: 13.01.12
REV No.:0

For Office use only

Date received:

Interview on:

Remarks:

Photograph

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Surname:	Name:	Date of Birth DD/MM/YY
Marital Status:	No. of children (if applicable)	
Present Address:	Tel. No. Fax. No. Email	
Permanent Address: (if different from above)	Tel. No. Fax. No. Email	

Professional Qualification/Training/and Educational Qualification (Starting with highest level)

Certificate of Competence/Degree Held	Date of Completion	Institution/ Courses attended Achievement (% marks)

Supplementary Courses Attended (Non STCW) (Attach additional sheet if necessary)

Course Title	Duration	Institution

Sea Service Record (Attach separate sheet if needed)

Rank (from highest) (latest company)	Duration years/months	Ship Types



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Employment Ashore

Company	Position	Duration	Special Assignments

Write about one of your achievements you are proud of: (you can add a page if the space is not enough)

Please write a paragraph about your interest in serving Board of Examinations for Seafarers Trust:

Proficiency in using computers:

How would you rate your own health? Very healthy, Healthy, Just OK

Are you a member of CMMI or IMEI

Membership No.

How soon can you join if selected for the job?

Please give an indication of consolidated salary you expect from this position.

Date:

Place:

Signature: