
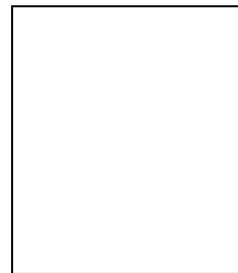


QFAD 09 QM 8.1 QP 07	Board of Examinations for Seafarers Trust TITLE: Application form for Consultants/ Management Positions	REV: 01 DATE: 01.01.2024	
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For Office use only
Date received:
Interview on:
Remarks:

Photograph




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.
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How soon can you join if selected for the job?

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

Date:

Place:

Signature: