

SUN ENTERPRISES LTD.	INTEGRATED MANAGEMENT SYSTEM MANUAL			Issue No.: Issue Date.: Rev.No.: Rev.Date.:	1 01/08/2019 0		
	IMS - PART B FORMS MANUAL CHAPTER 2						
	CR 030	Cadets Application form					

DECK PERSONEL	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ENGINE PERSONEL	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICATION FORM

PHOTO

A. PERSONAL DATA / DOCUMENTATION

Position to Apply for				Date:		
Surname				First Name		
Date of Birth		Place of Birth			Nationality	
Address						
Phones	Home:	Mobile:	Other:			
Father's Name				Mother's Name		
Marital Status		Children:	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Children Below 18 yrs. Old		
Next of Kin				Relationship		
Address				Phones		
ΑΦΜ Greek				email address		
Seaman's Book. No.		Date of Issue			Place of Issue	
Passport No.		Date of Issue			Place of Issue	
Other's S.Book No.		Date of Issue			Place of Issue	
USA Visa	TYPE:		Date of Issue			Date of Validity
Yellow Fever Vaccination:			Date of Issue			Date of Validity
Certificate (License) STCW 1995			Date of Issue			Date of Validity
STCW 95 V-1/2 Tankerman Certificate			Date of Issue			Date of Validity
Advance Chemical Tankers included		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks:		
English Ability	<input type="checkbox"/> VERY GOOD		<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	
Distinctive Marks	Height (cm)			Weight (kg)	Others	

B. TRAINING

DOCUMENTS	YES	NO	REMARKS
BRIDGE SIMULATOR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
BRM / BTM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ISPS (SSO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ECDIS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SAFETY OFFICER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CARGO HANDLING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ISO 9001 / ISO 14001	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
OHSAS 18001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OTHERS (state)			
C. TRAINING NEEDS	TARGET DATE		

D. UNIVERSITY EDUCATION :	
CERTIFICATE'S AUTHENTICITY CHECK	
1.By company Crewing Department	
2.By manning Agent	

E. PREVIOUS SEA SERVICE (Last five)

VESSEL'S NAME / TYPE	ENGINE TYPE	DWT	RANK	SIGN ON (dd/mm/yy)	SIGN OFF (dd/mm/yy)	COMPANY	Cause of Discharge

F. LAST COMPANY PHONE NR.		PERSON IN CHARGE	
Reference:			