



THE MARITIME INSTITUTE OF BARBADOS INC

# REGISTRATION FORM BASIC SAFETY TRAINING

PLEASE PRINT IN THE SPACE BELOW IN YOUR OWN HAND WRITING

COURSE TITLE: **BASIC SAFETY TRAINING / STCW '95 2010**

LAST NAME: \_\_\_\_\_ FIRSTNAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (if different) \_\_\_\_\_

D.O.B: \_\_\_\_\_ MALE  FEMALE  NATIONALITY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

PASSPORT # \_\_\_\_\_ NATIONAL ID # \_\_\_\_\_ DRIVER'S PERMIT # \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

TEL NO: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## **EDUCATION**

NAME OF PRIMARY SCHOOL: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF SECONDARY SCHOOL: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COLL/UNIV/BUSI OR TECH. SCHOOL: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

## **WORK EXPERIENCE**

PLACE OF EMPLOYMENT: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OTHER INFORMATION (e.g. *training*)  
\_\_\_\_\_  
\_\_\_\_\_

*Please note payment for training is non-refundable.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICIAL USE

### DOCUMENTS PROVIDED:

AGE VERIFICATION  NATIONALITY VERIFICATION  MEDICAL FITNESS/VISION CERTIFICATION  LITERACY VERIFICATION  SEA EXPERIENCE

APPLICATION ACCEPTED YES  NO  REASON(S) FOR NON ACCEPTANCE \_\_\_\_\_

GENERAL COMMENTS \_\_\_\_\_

COUNTER CLERK SIGNATURE \_\_\_\_\_

### REGISTRATION:

COUNTER STUDENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ COMMENTS \_\_\_\_\_

COURSE COST \$ \_\_\_\_\_

DEPOSIT SLIP # \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

FULLY PAID? YES  NO

REGISTRATION CLERK SIGNATURE: \_\_\_\_\_

DATA ENTRY I CERTIFY THAT ALL THE DATA PROVIDED HAS BEEN KEYED ONTO THE SYSTEM

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_