# PACIFIC MARITIME TRAINING COLLEGE

*"Your Training Solution"*

**Elanese Street, PO Box 656 Konedobu, Port Moresby, NCD, Papua New Guinea**

Tel: +675 321 6061 Fax: +675 321 0388 Email: pmtcregistrarhk@gmail.com


| **Application Form (Training Form)** | General Purpose (GP) | | YES | NO |
|---|---|---|---|---|
| | SOLAS | Basic | YES | NO |

## SECTION 1: APPLICANT PERSONAL DETAILS

| | | | |
|---|---|---|---|
| **SURNAME:** | | **GIVEN NAMES:** | |
| **HOME ADDRESS:** | | | |
| **POSTAL ADDRESS:** | | | |
| **EMAIL ADDRESS:** | | | |
| **TELEPHONE:** | **Home:** | **Business:** | **Mobile:** |

**PERSONAL DETAILS**

| | | |
|---|---|---|
| **DATE OF BIRTH :** | **HOME PROVINCE:** | **PHOTO** |
| **MOTHERS' NAME:** | **FATHERS' NAME:** | |
| **WEIGHT :** | **HEIGHT:** | |
| **NATIONALITY :** | **RELIGION:** | |
| **MARITAL STATUS:** | **PLACE OF BIRTH :** | |
| **OTHER LANGUAGES:** | | |
| | | |

| DOCUMENTS | DOC. NO | ISSUED | EXPIRES | ISSUING AUTHORITY | ISSUING PLACE |
|---|---|---|---|---|---|
| BIRTH CERTIFICATE | | | | | |
| MEDICAL FITNESS CERTIFICATES | | | | | |
| POLICE CLEARANCE / CHARACTER REFERENCE | | | | | |
| CREWMAN'S BOOK | | | | | |
| PASSPORT- NATIONAL | | | | | |

## SECTION 2: EDUCATION & QUALIFICATION HISTORY

**SCHOOLS/COLLEGES / INSTITUTES**

| NAME OF INSTITUTION | COURSE ATTENDED | DATES | | QUALIFICATIONS GAINED |
|---|---|---|---|---|
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |

## SECTION 3: MANDATORY REQUIREMENTS FOR TRAINING

| TRAINEE INTEGRATED RATING CHECK-LIST<br>(Please ensure you only tick the sections which are included with this form) | | | ✓ |
|---|---|---|---|
| • General Purpose (GP Rating 2) | 10 weeks | K4, 800.00 | |
| • Basic SOLAS (safety of life at sea) | 7 days | K2, 800.00 | |
| • Ships Security | 2 days | K1, 200.00 | |
| Minimum age 18 years and applicant should be able to swim | | | |
| Grade 8 or above (or equivalent educational study) results and Certificates attached | | | |
| Medical Fitness Certificate & Police Clearance Certificate photocopy to be attached | | | |
| For **SOLAS applicants only**, attach copies of CERB (*p*. 3-4, 9-10) | | | |
| Attach 2 x passport sized photos | | | |
| The applicant should not drink alcohol, take drugs, or chew "betel nuts" during period of training | | | |
| The Fees to be paid to **Pacific Maritime Training College, BSP bank account # 1001591980**, and payment confirmation to be attached. | | | |

## SECTION 4: CAREER DETAILS

**DETAILS OF LICENCES / CERTIFICATES**

| QUALIFICATIONS | DOC. NO | RANK | DATE | | ISSUING AUTHORITY |
|---|---|---|---|---|---|
| | | | ISSUED | EXPIRE | |
| | | | | | |
| | | | | | |

**IMO COURSES (STCW 95)**

| NAME OF COURSE | STCW95 TRANING COURSES | | | | |
|---|---|---|---|---|---|
| | REG. STCW95 | DOC. NO | ISSUED DATE | EXPIRY DATE | ISSUING AUTHORITY |
| PERSONAL SURVIVAL TECHNIQUES | A-VI/1-1 | | | | |
| BASIC FIRE FIGHTING | A-VI/1-2 | | | | |
| ELEMENTARY FIRST AID | A-VI/1-3 | | | | |
| PERSONAL SAFETY AND SOCIAL RESPONSIBILITY | A-VI/1-4 | | | | |
| SHIPS SECURITY | A2(ab)-VI/6-1 | | | | |

## SECTION 5: CERTIFICATION / ACKNOWLEDGEMENT

**If this section is not signed your application will not be processed**

I certify that the information contained in this application is correct to the best of my knowledge. I authorize PACIFIC MARITIME TRAINING COLLEGE to carry out any background verification checks as deemed necessary in connection with this application.

**Signature:** _____ **Date:** / /