


# CARIBBEAN MARITIME INSTITUTE

	QUALITY MANAGEMENT SYSTEM PROCEDURES	Document No: CMI/MARKETING/FORM/003	Page 1 of 2
	TITLE: SHORT COURSES TRAINING ENROLMENT FORM	Revision No.: 01	Revision Date: 5 <sup>th</sup> July '10

## SHORT COURSES TRAINING ENROLMENT FORM:

1. BOAT HANDLING/COMPETENT CREW
2. CHLORINE HANDLING & EMERGENCY RESPONSE
3. CUSTOMS PROCEDURES AND DOCUMENTATION
4. GANTRY CRANE OPERATORS
5. HAZARDOUS MATERIAL TECHNICIAN
6. INDUSTRIAL FIRE FIGHTING
7. INTERNATIONAL MARITIME DANGEROUS GOODS
8. LEGAL ASPECTS OF COMMERCIAL SHIPPING
9. PORT OPERATIONS AND PORT MANAGEMENT
10. OCCUPATIONAL HEALTH AND SAFETY
11. OIL SPILL RESPONSE

OTHER : \_\_\_\_\_

COURSE DURATION \_\_\_\_\_Day / \_\_\_\_\_Month/ to \_\_\_\_\_Day / \_\_\_\_\_Month/ 20\_\_\_\_\_

**PLEASE EITHER TYPE THIS FORM OR COMPLETE IN BLOCK LETTERS**

### 1. Personal Details

Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_ Middle Name (I): \_\_\_\_\_

Title: Capt/Mr./Mrs./Ms./Other \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_Month\_\_\_\_\_ Year\_\_\_\_\_

Nationality: \_\_\_\_\_

### 2. Country of Permanent Residence:

Address: \_\_\_\_\_


Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

### 3. Mailing Address for course materials/certificate:

To be sent to the attention of: \_\_\_\_\_

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**4. Employment Details**

Present Company/Employer (Name):

Occupation:

Work Address:

Telephone #:

E-mail:

**5. Relevant Experience/ Education in the absence of formal qualification, briefly, state your relevant work experience.**

**6. Language spoken:**

If English is not your native tongue, please state how long you have been speaking English?

**7. References**

In the event a reference may be needed to support your enrolment, kindly give the name and address of one (1) referee and his/her occupation.

**8. Arrangements for payment:**

Course will be self financed:      Yes/No      If. No, how will payment(s) be made?

**9. Declaration**

I declare that the information on this application is correct and complete. I acknowledge CMI's right to **cancel** this application if the information contained in it has been misrepresented.

**Applicant signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Accommodation Arrangements to be made by:  
Self \_\_\_\_\_ Company \_\_\_\_\_ CMI \_\_\_\_\_  
If CMI, Please indicate where:  
On Campus (basic) \_\_\_\_\_ Off Campus \_\_\_\_\_  
Hotel \_\_\_\_\_

This form is to be returned to:  
Admissions Department  
Palisadoes Park, P.O. Box 8081  
C.S. O., Kingston  
Telephone#: (876) 924-8150/59/75  
Fax#: (876) 924-8158  
E-mail: [information@cmi.edu.jm](mailto:information@cmi.edu.jm)