


CARIBBEAN MARITIME INSTITUTE

	MARKETING /SHORT COURSES FORMS	Document No: CMI/MARKETING/FORM/002	Page 1 of 2
	TITLE: STCW SHORT COURSE ENROLMENT	Revision No.: 00	Revision Date: 1 st January, 2014

STCW (IMO MODEL COURSES) ENROLMENT FORM: (please check below)

- ADVANCED FIRE FIGHTING**
- BASIC SAFETY TRAINING (BST): EFA; PST; FP&FF; PS&SR**
- BRIDGE TEAM MANAGEMENT**
- CROWD AD CRISIS MANAGEMENT**
- EMERGENCY PROCEDURES, SEARCH AND RESCUE**
- GMDSS**
- MEDICAL CARE**
- MEDICAL FIRST AID**
- PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOAT (Other Than Fast Rescue Boats)**
- RADAR OBSERVATION & PLOTTING AND OPERATIONAL USE OF ARPA**
- SECURITY AWARENESS**
- SECURITY TRAINING FOR PERSONNEL WITH DESIGNATED SECURITY DUTIES**
- SHIP HANDLING AND BRIDGE TEAM WORK**
- SHIP SECURITY OFFICER**
- TANKER FAMILIARIZATION**
- OTHER (please write here) _____**

Course Duration: _____ **Date: (dy/mth/yr):** _____

PLEASE EITHER TYPE THIS FORM OR COMPLETE IN BLOCK LETTERS

1. Personal Details

Surname: _____ Christian Name: _____ Middle Initial: _____

Title: Capt/Mr./Mrs./Ms./Other _____ Sex: _____

Date of Birth: Day _____ Month _____ □ Year _____ Nationality: _____

PASSPORT#: _____ SEAMAN'S/DISCHARGE BOOK# _____


2. Country of Permanent Residence:

Mailing Address:

Telephone #:

E-mail address:

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3. Employment Details

Present Company/Employer (Name):

Occupation:

Work Address:

Telephone #:

E-mail:

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

5. Language spoken:

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

6. 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.

7. Arrangements for payment:

8. 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's 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:

School of Advanced Skills

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