## Registration for Training

## Applicant from Non EEA Country



For crew members working on vessels over	r 15 metres (LOA)		V2 June 2017
SECTION 1: TO BE COMPLETED BY OWNE	R/EMPLOYER		
Name of Vessel			
Name of Owner			
CFR Community Fleet Registration No	N_N_N_N	N N N	
Address			
Country			
Telephone Number			
Email			
COURSE INFORMATION (If trainee already	y holds STCWQ5 cartificates please su	innly conies)	
COURSE RE			CATES SUPPLIED
Basic Safety Training	Elementary First Aid	STCW Elemen	
Enhanced Safety Training	Personal Survival Techniques		al Survival Techniques
Fire Prevention & Safety Awareness	Other (please specify)		at Jul vivat Techniques
EMPLOYERS DECLARATION	Otriei (please specify)		
I declare that the details given in this application documentation to allow this candidate to work o			
Signature of Owner/Employer:			
SECTION 2: DETAILS OF TRAINEE			
Family Name			
Given Name 1			
Given Name 2			
Gender (please tick)	☐ Male ☐ Female		
Date of Birth	D D M M Y Y Y Y		
Nationality			
Passport Number			
Place of Issue			
Contract No issued by Central Depository			
Address for Correspondence			
Country			
I have attached a photocopy of my LETTER	OF APPROVAL* please tick to confirm		
Data Protection: Any personal data you provide to I solely the purpose described in this form and as desc describes in detail how BIM, as a State Agency, is req set out in various Irish and EU fisheries and marine le conducting surveys and performing services for thosice services. Your personal data may be disclosed to for example, national or EU agencies with responsibil accreditation. While BIM does not engage in unsolicit relevant events or initiatives and you can unsubscrib and rectify your personal data which can be exercise Laoghaire, Co. Dublin. The BIM Data Protection Policy	Bord lascaigh Mhara ("BIM") will be retained and proceed in further detail in the BIM Data Protection uired to collect, process and transfer personal dagislation. These purposes include the administrate working in the marine sector, for example, train third parties where it is necessary and relevant to lity for the marine, grant administration or training sed direct marketing, BIM or its agents may contained from such communications at any time. You haved by writing to the Data Protection Officer, BIM, C	rocessed by us for Policy. Our Policy ta for the purposes ion of grants, ing, education and by those purposes, awards or ct you in relation to ye a right to access	Please attach a photograph of Trainee*
Signature of Trainee  *This application may be returned if accompanying information is omitted			
SECTION 3: FOR OFFICE USE ONLY			
Family Name	Student I.D.		Payment Received
Given Name 1	Date		Certificate Issued
Given Name 2	Instructor		Card Issued
	unced Safety Training		