Bord Iascaigh Mhara
Irish Sea Fisheries Board

REGISTRATION FOR TRAINING

Applicant from non EAA Country

For crew members working on vessels over 15 metres (LOA)

SECTION 1: TO BE COMPLETED BY OWNER/EMPLOYER

Name of Vessel

Name of Owner

CFR Community Fleet Registration Number N N N N N N N N N N

Address

Country

Mobile No

Email

COURSE INFORMATION (If trainee already hold STCW95 certificates please supply copies)

COURSE REQUIRED				CERTIFICATES SUPPLIED*	
Basic Safety Training	*please tick*	Elementary First Aid		STCW Elementary First Aid	
Enhanced Safety Training		Personal Survival Techniques		STCW Personal Survival Techniques	
Fire Prevention & Safety Awareness		Other			

EMPLOYERS DECLARATION

I declare that the details given in this application are true and complete. I further confirm that I am responsible for obtaining all necessary documentation to allow this candidate to work on an Irish registered fishing vessel and to undertake the training herein applied for.

Signature of Owner/Employer

SECTION 2: DETAILS OF TRAINEE

Family Name

Given Name 1

Given Name 2

Gender Male Female *please tick*

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: Information you provide will be held by BIM: BIM will respect your privacy. The information will be used in conjunction with the provision and administration of BIM training courses, and any other product/service provided to you by BIM. Such information may be disclosed, in confidence, for these purposes to its agents, service providers, government departments, other public bodies, state agencies and as required by law. You have the right to request a copy of the information held by us about you. A fee will apply. You also have the right to access your data, have changed any inaccuracies, object to the use of your data, by writing to BIM, Crofton Road, Dun Laoghaire, County Dublin. For further information please review our privacy statement at *www.bim.ie*

Please attach photograph of Trainee*

Signature of Trainee

**This application may be returned if accompanying information is ommitted.*

SECTION 3: FOR OFFICE USE ONLY

Family Name

Given Name 1

Given Name 2

Student ID Date D D M M Y Y Payment Received

Basic Safety Training Card Certificate Issued

Enhanced Safety Training Instructor Card Issued