


CARIBBEAN MARITIME INSTITUTE

	QUALITY MANAGEMENT SYSTEM PROCEDURES	Document No: CMI/MARKETING/FORM/002	Page 1 of 2
	TITLE: STCW'95 SHORT COURSE ENROLMENT FORM	Revision No.: 01	Revision Date: 5th July '10

STCW'95 SHORT COURSES ENROLMENT FORM:

- ADVANCED FIRE FIGHTING**
- BASIC SAFETY TRAINING (BST):**
ELEMENTARY FIRST AID, PERSONAL SURVIVAL TECHNIQUES, FIRE PREVENTION AND FIRE FIGHTING AND PERSONAL SAFETY AND SOCIAL RESPONSIBILITY
- EMERGENCY PROCEDURES, SEARCH AND RESCUE**
- GMDSS**
- MEDICAL FIRST AND MEDICAL CARE**
- PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOAT (OTHER THAN FAST RESCUE BOATS)**
- RADAR OBSERVATION & PLOTTING AND OPERATIONAL USE OF ARPA**
- SHIP HANDLING AND BRIDGE TEAM WORK**
- OIL TANKER FAMILIARIZATION**
- 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: _____

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:

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