



BROOKLYN SHIPPING LIMITED

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Office Use Only	
Sent By:	
Date:	
Cand No:	
New App:	Y / N
Certificate Auth. Check	Y / N

Please complete this form in black ink or type

1 CONTACT DETAILS <i>(Enter Details)</i>					
RANK		Postal Address			
DEPARTMENT	Deck/Engineer/Ratings				
Title	Mr/Mrs/Ms/other <i>(Specify)</i>				
First Names		Country of Residence			
Surname		Nearest Station/Airport			
Nationality		Tel No 1	P1		
Date of Birth		Tel No 2	P2		
Place of Birth		Fax No	P3		
Country of Birth		E Mail	P4		
2 AVAILABILITY <i>(Enter Details)</i>					
Date Available From		Date Available To			
3 BANK DETAILS <i>(Enter Details)</i>					
Bank Name		Bank Sort Code			
Bank Address		Bank Account No			
		Bldg Soc Ref No (if appl)			
		Account Holder's Name			
		National Insurance No			
4 NEXT OF KIN DETAILS <i>(Enter Details)</i>					
NOK Name		NOK Address			
NOK Relationship					
NOK Tel No					
5 CERTIFICATE OF COMPETENCY (latest only) <i>(Enter Details)</i> (Please include copies for our records)					
Details	Issue Date	Expiry Date	Country of Issue	Limitations, Certificate No's etc	
6 ENDORSEMENTS <i>(Enter Details)</i> (Please include copies for our records)					
Code	Details	Issue Date	Expiry Date	Country of Issue	Limitations, Certificate No's etc
ED01	DCE – Petroleum				
ED02	DCE – Gas				
ED03	DCE – Chemical				
7 TRAVEL DOCUMENT CHECK LIST <i>(Enter Details)</i> (Please include copies for our records)					
Code	Details	Issue Date	Expiry Date	Country of Issue	Limitations, Certificate No's etc
TV01	Discharge Book				
TV02	Seamans Book				
TV03	Passport				
TV04	UK Work Permit (if applicable)				
TV05	US Visa				
	Travel – Other –				

8 MEDICAL DOCUMENT CHECK LIST (Enter Details) (Please include copies for our records)					
Code	Details	Issue Date	Expiry Date	Country of Issue	Limitations, Certificate No's etc
MD01	ENG1 – Medical				
MD02	UKOOA – Medical Fitness				
	Medical – Other –				
	Medical – Other –				
9 TRAINING CHECK LIST (Enter Details) (Please include copies for our records)					
Code	STCW95 Certification Details	Issue Date	Expiry Date	Limitations, Certificate No's etc	
TP15	Personal Survival Techniques (PST)				
TP07	Fire Prevention & Fire Fighting				
TP04	Elementary First Aid				
TP14	Personal Safety & Social Responsibility (PSSR)				
TP01	Advanced Fire Fighting				
TP08	Medical Care				
TP09	Medical First Aid				
TP13	Proficiency in Survival Craft & Rescue Boats (PSC&RB)				
TP06	Fast Rescue Craft				
TP05	Engine Room Watch Rating Certificate				
TP12	Navigational Watch Rating Certificate				
	STCW95 – Other –				
	STCW95 – Other –				
	STCW95 – Other –				
Code	STCW78 Certification Details	Issue Date	Expiry Date	Limitations, Certificate No's etc	
TN01	Basic Sea Survival				
TN07	Ship Captain's Medical				
TN05	First Aid at Sea				
TN09	Stage II Fire Fighting (4 day)				
TN08	Stage I Fire Fighting (2 day)				
TN06	Navigation Control (NCC)				
TN04	Electronic Navigational Systems (ENS)				
TN03	Proficiency in Survival Craft (CPSC)				
	STCW78 – Other –				
	STCW78 – Other –				
	STCW78 – Other –				
Code	DP Certification Details	Issue Date	Expiry Date	Limitations, Certificate No's etc	
TR01	DP Operator Certificate				
	DP Simulator Course Certificate				
		Total DP Hours to Date			
	DP Hours to Date				
Code	Other Certification Details	Issue Date	Expiry Date	Limitations, Certificate No's etc	
TS12	GMDSS – General Operator Certificate				
TS13	GMDSS – Restricted Operator Certificate				
	Other –				
	Other –				
	Other –				
	Other –				
	Other –				

11 PLEASE USE THIS BOX TO INCLUDE ANY ADDITIONAL INFORMATION RELEVANT TO YOUR APPLICATION

12 EQUAL OPPORTUNITIES POLICY

Please tick the box if you have completed and enclosed the Equal Opportunities Policy monitoring form

13 REFEREES (Enter Details)

REFERENCE 1 – Can we take up this reference NOW / LATER?		REFERENCE 2 – Can we take up this reference NOW / LATER?	
Title		Title	
First Names		First Names	
Surname		Surname	
Address		Address	
Post Code		Post Code	
Tel No		Tel No	
Fax No		Fax No	

I confirm that the details given are to the best of my knowledge accurate and true, that I am in legal possession of the above qualifications and certificates. I also confirm that I have no unspent criminal convictions

Signature: _____ Date: _____