



**Shetland School of Nautical Studies  
NAFC Marine Centre**



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SSNS

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**Application for Merchant Navy Deck or Engineer Officer Cadet Programme** QF20

This form should be completed BY HAND in BLACK INK, SIGNED and returned BY POST to the Admissions Officer at the address above as soon as possible. All sections must be completed (entering N/A if not applicable), continuing on a separate sheet if necessary. With the form you should send 6 colour passport size photographs, and copies (not originals) of all qualifications achieved and other relevant documentation relating to your previous experience and employment if any. Please read the Cadet Programme Information Leaflet carefully before completing this form.

**Programme Applied For** (tick appropriate box): **Deck**     **Engineer**     **Either**

**Personal Details:**

Surname/Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F

<p><b>Permanent Address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Post Code: _____</p> <p>Tel. No: _____</p> <p>Fax No: _____</p> <p>email: _____</p>	<p><b>Correspondence Address</b> (if different):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Post Code: _____</p> <p>Tel. No: _____</p> <p>Fax No: _____</p> <p>email: _____</p>
<p><b>Name Of Next Of Kin:</b></p> <p><b>Relationship:</b></p> <p><b>Address</b> (if different from above):</p> <p>_____</p> <p>_____</p> <p>_____ Post Code: _____</p> <p>Tel. No: _____</p> <p>Fax No: _____</p> <p>email: _____</p>	<p><b>Enter Details If Any Of The Following Are Held</b> (including expiry dates if applicable and any restrictions):</p> <p><b>Merchant Navy Medical (ENG1):</b></p> <p>_____</p> <p><b>Merchant Navy Sight Test:</b></p> <p>_____</p> <p><b>Merchant Navy Discharge Book:</b></p> <p>_____</p> <p><b>Passport:</b></p> <p>_____</p> <p><b>Nat Insur No:</b></p> <p>_____</p>



**Other Experience** (please give details of any unpaid work undertaken or other experience gained, including voluntary organisations):

Position	Organisation	Dates From/To	Summary Of Work Or Experience

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**Interests** (please describe briefly your hobbies and interests):

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**Reasons For Applying** (please outline your reasons for wishing to go to sea and any other relevant information):

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**Employment/Sponsorship** (acceptance on to the programme is dependent on the applicant being employed or sponsored by a shipping company/ship manager, or indirectly by other organisations on their behalf, who provide the necessary sea service and training on board ship for the award of a MCA certificate of competency. SSNS will assist applicants in identifying such employment or sponsorship opportunities. If you have already obtained a firm or provisional offer of employment or sponsorship to follow the programme please provide details below):

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**Medical** (seafarers must be physically and mentally fit for service at sea, with good vision, not colour blind, and pass a MCA medical examination. To assist in identifying any potential difficulties in this respect, please indicate if you suffer from any continuing or recurrent conditions, and whether any medication is taken for them):

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**Referees** (please give full names, titles and addresses of two people to whom reference may be made):

Name: _____	Name: _____
Position: _____	Position: _____
Address: _____	Address: _____
_____	_____
_____	_____
Tel. No: _____	Tel. No: _____
Fax No: _____	Fax No: _____
email: _____	email: _____

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**Declaration:**

I certify that the information given in this application is correct and complete.

Data Protection Act 1998

I understand that Shetland Fisheries Training Centre Trust (the Trust) processes for education purposes the personal information about me which I have given on this form. I consent to all such personal information being made available for official purposes to staff at the Trust. Except where disclosure is required by law; or is required by organisations providing me with financial support; or is required by relevant organisations concerned with my training and certification, I understand that such information will be kept confidential within the Trust.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature Of Parent Or Legal Guardian** (if applicant is under 18 years of age):

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:**

The Trust will use all reasonable endeavours to deliver courses in accordance with the published descriptions and information. However, it reserves the right to make variations to the contents, structure, or methods of delivery of courses, and to discontinue or combine courses, if such action is reasonably considered to be necessary.

By publishing this information or accepting applications on this form the Trust does not intend to create or imply any contractual or other legal agreement with proposed students, accepted students, or any other person.

If you are applying for or intending to progress to a degree course, the degree for which you will study is currently validated by one of the following universities - University of Aberdeen, The Open University or University of Strathclyde. UHI Millennium Institute ("UHI") is currently seeking taught degree awarding powers. By accepting an offer, you agree that any degree for which you study may, at the sole discretion of UHI, be awarded by UHI rather than University of Aberdeen, The Open University or University of Strathclyde once UHI is granted degree awarding powers.