



# PACIFIC MARITIME TRAINING COLLEGE

*"Your Training Solution"*

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<b>Application Form for Enrollment</b>	General Purpose (GP)	YES	NO
	SOLAS (Refresher)	YES	NO
<b>Other Course</b>			

## SECTION 1: APPLICANT PERSONAL DETAILS

SURNAME:		GIVEN NAMES:	
POSTAL ADDRESS:			
HOME ADDRESS:		SEX: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
EMAIL ADDRESS:			
TELEPHONE:			

### OTHER DETAILS

DATE OF BIRTH :		<b>PHOTO</b>
PLACE OF BIRTH :		
MARITAL STATUS:		
NAME OF SPONSOR:		
CONTACT DETAILS:		
EMAIL:		

DOCUMENTS	DOC. NO	ISSUED	EXPIRES	ISSUING AUTHORITY	ISSUING PLACE
NID BIRTH CERTIFICATE/CARD					
MEDICAL FITNESS CERTIFICATES					
POLICE CLEARANCE / CHARACTER REFERENCE					
CREWMAN'S BOOK					
PASSPORT- NATIONAL					

### EDUCATIONAL BACKGROUND

NAME OF INSTITUTION	COURSE ATTENDED	DATES		QUALIFICATIONS
		FROM	TO	GAINED

### SECTION 3: MANDATORY REQUIREMENTS FOR TRAINING

#### TRAINEE CHECK-LIST

(Please read and ensure you only tick the sections which are included with this form)

- |  |          |           |
|--|----------|-----------|
| <input type="checkbox"/> General Purpose (GP Rating 2) | 14 weeks | K8,950.00 |
| <input type="checkbox"/> Basic SOLAS (Refresher)       | 5 days   | K2,670.00 |

Other Course:

Minimum age 18 years and applicant should be able to swim

Grade 8 or above (or equivalent educational study) results and Certificates attached

NID, NMSA Medical Fitness Certificate, Police Clearance Certificate copies, 5 passport sized photos to be attached

For **SOLAS applicants only**, attach copies of CERB (p. 3-4, 9-10)

The applicant must provide their own **face mask** in compliance with Covid-19 safety procedures

The applicant should not drink alcohol, take drugs, or chew “betel nut” during period of training

Please enquire for a quotation from the college before making any payment. All fees are to be paid against an invoice. The Fees to be paid to **Pacific Maritime Training College, BSP bank account # 1001591980**, and payment confirmation to be attached.

**Note: PMTC will not be responsible for any payments made outside this account.**

### SECTION 4: CAREER DETAILS

#### DETAILS OF LICENCES / CERTIFICATES

QUALIFICATIONS	DOC. NO	RANK	DATE		ISSUING AUTHORITY
			ISSUED	EXPIRE	

#### IMO COURSES (STCW 95)

NAME OF COURSE	STCW95 TRAINING COURSES				
	REG. STCW95	DOC. NO	ISSUED DATE	EXPIRY DATE	ISSUING AUTHORITY
PERSONAL SURVIVAL TECHNIQUES	A-VI/1-1				
BASIC FIRE FIGHTING	A-VI/1-2				
ELEMENTARY FIRST AID	A-VI/1-3				
PERSONAL SAFETY AND SOCIAL RESPONSIBILITY	A-VI/1-4				
SHIPS SECURITY	VI/6-1				

### SECTION 5: CERTIFICATION / ACKNOWLEDGEMENT

If this section is not signed your application will not be processed

I certify that the information contained in this application is correct to the best of my knowledge. I authorize PACIFIC MARITIME TRAINING COLLEGE to carry out any background verification checks as deemed necessary in connection with this application.

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

Date: / /