

PLEASE READ THE ATTACHED NOTES BEFORE COMPLETING THIS FORM

Please complete electronically in ENGLISH. All sections must be completed.

1 Personal Details

Given Name(s):	Surname/Family Name:
Date of Birth (DD/MM/YYYY):	Nationality:
National Identity No. (Passport):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Vessel Name:	Official Number:

Entity Responsible for Payment

Company/Agent/Applicant	Contact Person
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INVOICE ADDRESS (including contact email and telephone of the contact person)

COURIER ADDRESS, if different (including contact email and telephone of the receiver)

Address:

Street/District:		
Town/City:		
County/State/Region:		
Postal Code/ZIP Code:		
Country:		
Telephone:		
Email:		

2 Details Of Qualifications Held

2.1 Catering Qualifications / Experience:

2.1.1 Ship's Cook Qualifications:

Do you hold a Certificate as a Ship's Cook? Yes No

If Yes please provide the following details below:

Certificate Issued by: _____ Certificate Number: _____

Date of initial issue (DD/MM/YYYY): _____ Date of Expiry (DD/MM/YYYY): _____

2.1.2 Professional Qualifications:

Do you hold a professional qualification as a Cook/Chef? Yes No

If Yes please provide the following details below:

Name of Certificate / Degree/ Diploma: _____

Issued by (Name of Issuing Establishment): _____

Do you have evidence of food hygiene and handling qualifications at managerial level? Yes No

If Yes please provide the following details below:

Certificate Issued by: _____ Certificate Number: _____

Qualification Level: _____ Date of Expiry (DD/MM/YYYY): _____

2.1.3 Experience as a Ship's Cook/Chef:

Do you have previous experience as a Ship's Cook/Chef? Yes No

If Yes please provide brief details below and a CV:

2.2 STCW Certification:

Do you hold: Personal Survival Techniques	(STCW Table A-VI / 1-1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Basic Fire Prevention and Firefighting	(STCW Table A-VI / 1-2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elementary First Aid	(STCW Table A-VI / 1-3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Safety and Social Responsibilities	(STCW Table A-VI / 1-4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Certificate Number(s): _____ Issued on behalf of (Country): _____

Date of initial issue (DD/MM/YYYY): _____ Date of last refresher training (DD/MM/YYYY): _____

Give details of **Seafarer Medical Fitness** Certificate held:

Date of Issue (DD/MM/YYYY): _____ Date of Expiry (DD/MM/YYYY): _____

Issuing Authority (Country): _____

3 Declarations

Declaration by applicant

I, the undersigned, declare that the information I have given is, to the best of my knowledge, true, correct and complete. I also declare that the copies of the documents submitted are true copies of genuine documents. I consent to any processing of the data contained in this application by the Cayman Registry in order to issue the recognition certificate.

Name: _____ Date (DD/MM/YYYY): _____

Signature

Declarations by Company / Agent sponsoring application (where applicable)

I, the undersigned, declare that the applicant described in this application and whose documents, or copies, are attached is proficient to act as a ship's cook on a Cayman Islands vessel.

Name: _____ Date (DD/MM/YYYY): _____

Company: _____

Position: _____

Signature

4 Checklist of Essential Documents and Actions

DOCUMENT	Tick (if enclosed or confirmed)	OFFICIAL USE ONLY
Professional Qualifications	<input type="checkbox"/>	
Food hygiene and handling qualifications at managerial level	<input type="checkbox"/>	
Evidence of experience as a Ship's Cook/Chef (CV)	<input type="checkbox"/>	
Passport, including signature page	<input type="checkbox"/>	
STCW Basic Training Certificate of Proficiency / Refresher Certificates (as applicable)	<input type="checkbox"/>	
Signed Declaration by Applicant (Section 3)	<input type="checkbox"/>	
Signed Declaration by Company / Agent sponsoring the application (if applicable)	<input type="checkbox"/>	
Guidance Notes read and understood	<input type="checkbox"/>	
Email form and attachments to 'technical@cishipping.com'	<input type="checkbox"/>	

PLEASE SELECT PAYMENT METHOD BELOW

Payment Method - Online (Preferred)	<input type="checkbox"/>	
Payment Method - Wire Transfer	<input type="checkbox"/>	

6 Guidance Notes for the Completion of this Application form

Please ensure that you read and understand these notes before completing the form.

Please complete this form electronically, print and sign in **black ink** and then submit the scanned copy. If a section is not relevant to your application enter NIL.

ENSURE YOU COMPLETE THIS FORM IN FULL – FAILURE TO DO SO MAY MEAN THAT WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED

Please enclose copies of all documents necessary to establish your eligibility for a Cayman Islands Recognition of Qualification as a Ship's Cook. You must send **COPIES** of all documents and not original documents.

SECTION 1: Personal Details

Enter the applicant's personal details in the boxes provided. The applicant's name should be given in FULL and should be given in the same format as appears in the applicant's passport.

Dates should be given in the format **DD/MM/YYYY**, e.g. 19 September 1972 should be written as 19/09/1972.

The home address where the applicant normally resides should be included, an applicant's address "care of" a manning agent or other company cannot be accepted. Additionally, the address and details of the company or agency sponsoring the application should also be provided.

SECTION 2: Details of Professional Qualifications Held

Catering Qualifications / Experience: Please submit electronic copies of all documents included in support of your application. All pages of documents submitted in support of the application must be included.

Enter the details in these sections as appropriate (Ship's Cook Certificate; Professional Qualifications as a Cook/Chef; Experience as a Ship's Cook) and include a copy of all pages of the certificates / diplomas with your application. If you have experience as a Ship's Cook please submit evidence of this experience including records of sea service.

Please also submit evidence of training in food hygiene and handling. If this is covered by the course / degree / diploma and not mentioned on the certificate please provide evidence such as from the course syllabus.

STCW Certification: To be eligible for a Cayman Islands Recognition of Qualification as a Ship's Cook you must hold valid Basic Safety Training certification issued in accordance with STCW Code section A-VI/1.2. Please submit copies of all four certificates or a Certificate of Proficiency in Basic training. We also require documentary evidence in accordance with STCW Code Section A-VI/1.3 that the following training or updated/refresher training has been completed within the last five years:

1. Proficiency in Personal Survival Techniques (PST) STCW A-VI/1-1, (recognised equivalent pre 31 January 2000: Basic Sea Survival);
2. Proficiency in Fire Prevention and Fire Fighting (FP & FF), STCW A-VI/1-2 (recognised equivalent pre 31 January 2000: MNTB 2 Day Fire Fighting Course);

Medical Fitness Certificates are required to be valid for a minimum period of three months at the time of application. Medical certificates issued by, or on behalf of a country listed within Cayman Islands Shipping Notice [05/2011](#) (as amended) are considered acceptable for service onboard Cayman Islands ships. Such certificates should be issued in accordance with Regulation I/9 of STCW.

SECTION 3 Declarations:

Guidance for the applicant: Please read the declaration carefully. **Only the applicant may sign this declaration, signatures of others on behalf of the applicant cannot be accepted.** Once you are sure the information is, to the best of your knowledge, correct, true and complete, and the documents submitted are true copies of genuine documents, you should sign the declaration with your usual signature including the date.

Guidance for companies / agents sponsoring the application: You may countersign the application if:

- You are a representative of a company employing, or intending to employ, the applicant for service onboard a Cayman Islands vessel;
- You are the representative of a manning agency intending to supply the applicant to a company for service onboard a Cayman Islands vessel.

SECTION 4 Checklist of Essential Documents and Actions:

Please tick items provided

Additional Notes for Submitting Electronically

Please complete this form electronically, print and sign and then submit a scanned pdf copy to technical@cishipping.com along with all supporting documentation as applicable (Section 4 Checklist refers).

The total file size for the email must remain below 5MB. Scans of documents are to be sent as pdfs.

Payment Method

Once your application has been processed our Accounts department will email the entity as detailed in Section 1 to request payment online using the following link [Pay Invoice](#). Please note that you will require the Invoice number and either the Invoice Pin # (found on the Invoice) or the Vessel Name to pay online.

Alternative payment methods can be found at www.cishipping.com/forms under "Finance & Accounting".