



NSTC Form No. 014
 Rev. Date 06.30.15
 Revision Status: 08
 Prepared by : OM
 Reviewed by: QAM
 Approved by: GM

NETHERLANDS SHIPPING TRAINING CENTRE

REGISTRATION FORM

TRAINEE'S NAME:

(Family Name)

(First Name) (M.I.)

ENROLMENT PROCEDURE

- STEP 1: Fill-out the REGISTRATION FORM (including the 2nd page/back) and check the course(s) you wish to enrol.
 STEP 2: Proceed to PIT MEDICAL CLINIC for physical check-up for enrolment in BT, MFA, AFF, PSCRB or EES.
 STEP 3: Proceed to NSTC OFFICE for payment, scheduling and confirmation

COURSES OFFERED:

- | | |
|---|--|
| 1. <input type="checkbox"/> BASIC TRAINING (BT) | 6. <input type="checkbox"/> RATING FORMING PART OF A NAVIGATIONAL WATCH (DVK) |
| 2. <input type="checkbox"/> MEDICAL FIRST AID (MFA) | 7. <input type="checkbox"/> RATING FORMING PART OF AN ENGINEERING WATCH (EWK) |
| 3. <input type="checkbox"/> ADVANCED FIRE FIGHTING (AFF) | 8. <input type="checkbox"/> PREVENTION OF ALCOHOL AND DRUG ABUSE IN THE MARITIME SECTOR (PADAMS) |
| 4. <input type="checkbox"/> PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOAT (PSCRB) | 9. <input type="checkbox"/> SEXUALLY-TRANSMITTED DISEASES, HUMAN IMMUNODEFICIENCY VIRUS, ACQUIRED IMMUNE DEFICIENCY SYNDROME PREVENTION IN THE MARITIME SECTOR (SHAPIMS) |
| 5. <input type="checkbox"/> ENTRY ENCLOSED SPACES (EES) | 10. <input type="checkbox"/> SHIP SECURITY AWARENESS TRAINING AND SEAFARERS WITH DESIGNATED SECURITY DUTIES (SDSD) |
| <input type="checkbox"/> TO ENROLL FOR NAC ASSESSMENT ONLY | 11. <input type="checkbox"/> OTHERS: _____ |
| | <input type="checkbox"/> TO ENROLL FOR TRAINING WITHOUT NAC ASSESSMENT |

NOTE: NO REFUND IF WITHDRAWN		
Medical clearance: <input type="checkbox"/> Ok / <input type="checkbox"/> N.A. Payment and O.R.: <input type="checkbox"/> Ok / <input type="checkbox"/> Company Account Birth Cert / I.D.: <input type="checkbox"/> Ok / <input type="checkbox"/> N.A. I.D. Picture: <input type="checkbox"/> SIRB: <input type="checkbox"/> Ok / <input type="checkbox"/> N.A. Sea Service <input type="checkbox"/> Ok / <input type="checkbox"/> N.A.	COC Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Agency Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature Trainee/Rep: _____	COP arranged via NSTC: <input type="checkbox"/> Yes / <input type="checkbox"/> No COP issued : <input type="checkbox"/> Yes. / <input type="checkbox"/> No Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature Trainee/Rep: _____

ADMISSION SLIP

Name: _____
 Family Name First Name

First day of Training: / /

Time: :

Approved: _____

Very Important Note:

- Present this copy to your instructor on the first day of training for admission.
- Wear plain white T-shirt and behave properly while at the NSTC premises.
- Smoking is prohibited at all areas except for designated areas only.
- Wear NSTC I.D. when instructed by NSTC staff.
- Present your official receipt, (OR), upon claiming your certificate.
- If you assign a representative to claim your certificate provide him/her with an authorization letter with your signature, official receipt (OR), and I.D. for proper identification.

MEDICAL CLEARANCE

HEENT:

Ishihara's Test: _____

Visual Acuity: _____

Hearing Test: _____

CARDIOVASCULAR SYSTEM:

Blood Pressure: _____

Heart Test: _____

C/L (CHEST/LUNG): _____

REMARKS: _____

School Nurse School Physician

