

REGISTRATION FORM

TRAINEE'S NAME:

(Family Name)

(First Name)

(M.I.)

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| ENROLMENT PROCEDURE |
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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, PSCR, EES and SDSD.

STEP 3: Proceed to NSTC OFFICE for payment, scheduling and confirmation

COURSES OFFERED:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> BASIC TRAINING (BT)</p> <p>2. <input type="checkbox"/> MEDICAL FIRST AID (MFA)</p> <p>3. <input type="checkbox"/> ADVANCED FIRE FIGHTING (AFF)</p> <p>4. <input type="checkbox"/> SURVIVAL CRAFT AND RESCUE BOAT (SCRB)</p> <p>5. <input type="checkbox"/> ENTRY ENCLOSED SPACES (EES)</p> | <p>6. <input type="checkbox"/> RATING FORMING PART OF A NAVIGATIONAL WATCH (DWK)</p> <p>7. <input type="checkbox"/> RATING FORMING PART OF AN ENGINEERING WATCH (EWK)</p> <p>8. <input type="checkbox"/> PREVENTION OF ALCOHOL AND DRUG ABUSE IN THE MARITIME SECTOR (PADAMS)</p> <p>9. <input type="checkbox"/> SEXUALLY-TRANSMITTED DISEASES, HUMAN IMMUNODEFICIENCY VIRUS, ACQUIRED IMMUNE DEFICIENCY SYNDROME PREVENTION IN THE MARITIME SECTOR (SHAPIMS)</p> <p>10. <input type="checkbox"/> SHIP SECURITY AWARENESS TRAINING AND SEAFARERS WITH DESIGNATED SECURITY DUTIES (SDSD)</p> <p>11. <input type="checkbox"/> OTHERS: _____</p> |
|---|---|

| NOTE: NO REFUND IF WITHDRAWN | |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"/> Signature Trainee/Rep: _____ |

| ADMISSION SLIP | |
|--|--|
| Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Family Name First Name </div> First day of Training: <input type="text"/> / <input type="text"/> / <input type="text"/> Time: <input type="text"/> : <input type="text"/> Approved: _____ Very Important Note: 1. Present this copy to your instructor on the first day of training for admission. 2. Wear plain white T-shirt and behave properly while at the NSTC premises. 3. Smoking is prohibited at all areas except for designated areas only. 4. Wear NSTC I.D. when instructed by NSTC staff. 5. Present your official receipt, (OR), upon claiming your certificate. 6. 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 | |
|--|---|
| <u>HEENT:</u> Ishihara's Test: _____ Visual Acuity: _____ Hearing Test: _____ | <u>CARDIOVASCULAR SYSTEM:</u> Blood Pressure: _____ Heart Test: _____ |
| <u>C/L (CHEST/LUNG):</u> _____ _____ | REMARKS: _____ _____ |
| _____ School Nurse | _____ School Physician |

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|---------------------------|--------------------------|-------------|-----|
| Company | NSTC | Prepared by | QAM |
| Document Name | FM14 – Registration Form | Reviewed by | GM |
| Document Number & Version | 2.0 | Approved by | GM |
| Date | January 24, 2020 | | |

PLEASE PRINT CLEARLY AND COMPLETELY THE INFORMATION BELOW

NAME:

Family Name:

First Name:

Middle Name:

COMPLETE ADDRESS AND CONTACT NUMBER:

Residence No., Street:

Barangay:

City / Town:

Cell Phone No.:

PERSONAL INFORMATION:

Date of Birth: / / (MM/DD/YYYY)

Place of Birth:

Gender: Male Female

Rank:

Year & Section (PIT students only)

IN CASE OF EMERGENCY PLEASE NOTIFY/BENEFICIARY FOR INSURANCE PURPOSES:

Name:

Address if different from above:

Telephone No:

I hereby certify that the information mentioned above is true and correct

Date of enrolment: / / (MM/DD/YYYY)

Signature over printed name

| | | | |
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