|  |
| --- |
| **APPLICATION FORM** |

Please note that **for all courses provided outside Italy**, you need to fill the specific online application form reachable [at this web address](https://www.imssea.org/application-form-courses-abroad).

**Administrations or enterprises can ask a bespoke quotation writing directly to** **info@imssea.org****.**

The following form must be filled only for courses provided in Italy. Please remind that the filled application form should be sent **only** by email to the International Maritime Safety Security and Environment Academy (IMSSEA), Genoa, at **applications@imssea.org**.

**DUE CARE SHOULD BE TAKEN WHEN COMPLETING THE APPLICATION FORM. ILLEGIBLE, INCOMPLETE OR UNSIGNED FORMS WILL BE REJECTED.**

|  |  |
| --- | --- |
| **TITLE OF THE COURSE** |  |
| **COURSE DATES** | **From:**  | **To:**  |
| **PARTICIPANT INFORMATION** |
| Personal details |
| **Family name or surname** |  |
| **First name(s)** |  |
| **Middle name(s)** |  |
| **Maiden or other name(s), if any** |  |
| **Sex** | ❑ Male ❑ Female |
| **Date of birth** |  | **Place of birth:** |  |
| **Country of birth** |  | **Nationality** |  |
| Contacts |
| **Work address:** | **Work phone:** |
| **Work email:** | **Personal email:** |
| **Mobile phone 1:** | **Mobile phone 2:** |
| **Emergency contact details:**Name Relationship Address Email Mobile phone  |
| Passport data |
| **Number** |  |
| **Country of issue** |  |
| **Place of issue** |  |
| **Date of issue** |  |
| **Expiry date** |  |
| Language skills |
|  | *Read* | *Write* | *Speak* |
| Language | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair |
| English |  |  |  |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |  |  |  |
| Education (main courses / school attended listed from the most recent) |
| *Institution* | *Location* | *Years of study* | *Subject* | *Qualification* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Employment |
| I am currently❑ Employed in ❑ Unemployed but with a previous work experience of years.❑ Unemployed with no previous work experience |
| **INVOICING** |
| If your participation is sponsored by an Administration or enterprise or public body, please provide here the accounting person of reference contacts to ease the invoicing from IMSSEA:Name Surname Email Phone Sponsoring entity  |
| **DECLARATION AND PRIVACY** |
| I certify that the information I have provided in this application is true, complete and correct to the best of my knowledge.I certify that I received, read and understood the IMSSEA privacy policy here attached, with my consent and my signature. |
| **Date** | **Signature** |