

UK CADET PROGRAMME - APPLICATION FORM

General Details:				
Available On: (DD/MM/YYYY):				
First Name:		Last Name:		
Address:			l e	
Phone/Mobile Number:		Email addre	ess:	
Date of birth (DD/MM/YYYY):		Place of Bir	th:	
Nationality:		Gender:		
Medical Questionnaire:				
Height (ft):		Weight (sto	ne):	
Do you:		Have you:		
Wear glasses and/or contact lenses?	Yes / No	Ever suffere epilepsy?	ed from	Yes / No
Suffer from colour deficiency (colour blindness)?	Yes / No	Ever suffere	ed from asthma?	Yes / No
Suffer from diabetes?	Yes / No	Ever suffere nervous dis		Yes / No
Suffer from any other illness?	Yes / No		Ever had any criminal convictions?	
Education:				
GCSE or STANDARD GRADES	S or NATIONAL 5			
Subject	Grade (if yet to be taken, Year Taken			
-	indicate exped		,	
Mathematics				
English Literature				
Physics				
Dual Science				
Chemistry				
Geography				
History				
CDT				
I.T.				
Other				
A LEVEL or HIGHER GRADES				
Subject	Grade (if yet t		Year Taken	
Mathematics		<i>/</i>		
English				
-11g11011				
Physics				



FURTHER EDUCATION							
Subject / Award							
Work Experience							
Former Employment							
Employer	Address	Job Position	From	То			
Former Cadetships (if any)							
Have you had a pro	evious cadetship?						
If yes, please explai	n reason for leaving						
References							
Name	Relationship	Address		Contact Number			
Tell us a bit about you, your interests and why you want to be a seafarer							

Declaration: By submitting your application, you confirm that you meet all listed eligibility requirements, and that the above information is true and correct.