

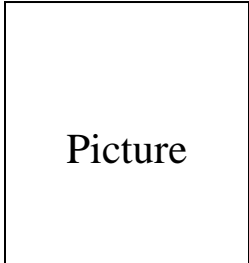


MATPAL MARINE INSTITUTE INC. REGISTRATION FORM



PROGRAMMES/COURSES:

- MARINE DECK CADET PROGRAMME
- MARINE ENGINEERING CADET PROGRAMME
- OTHER : _____



Course Duration: _____ Day/ _____ Month/ to _____ Day/ _____ Month/ 20____

PLEASE EITHER TYPE ON THIS FORM OR COMPLETE IN BLOCK LETTERS

1. Personal Details:

Surname: _____ Christian Name(s): _____

Title: Mr. _____ Mrs. _____ Ms. _____ Sex: Male ___ Female ___

Date of Birth: Day _____ Month _____ Year _____ Nationality: _____

PASSPORT#: _____ SEAMAN'S/DISCHARGE BOOK#: _____

Country of Permanent Residence: _____

Mailing Address: _____

Telephone #: _____ E-mail: _____

.....

Next of Kin: _____

Telephone Number: _____



MATPAL MARINE INSTITUTE INC. REGISTRATION FORM



Employment Details:

Present Company/Employer (Name): _____

Occupation: _____

Work Address: _____

Telephone #: _____ E-mail: _____

2. Relevant Education.

3. Arrangements for payment:

4. Declaration:

I declare that the information on this application is correct and complete. I acknowledge the right of this Institution right to **cancel** this application if the information contained in it has been misrepresented.

Applicant's signature: _____ Date: _____



MATPAL MARINE INSTITUTE INC. REGISTRATION FORM



MEDICAL DECLARATION

ATTENTION IS DRAWN TO THE FACT THAT PARTS OF THESE COURSES ARE OF A PHYSICAL NATURE.

IT IS THE RESPONSIBILITY OF THE INDIVIDUAL MAKING A BOOKING TO ENSURE THAT HE/SHE IS ABLE TO COMPLETE THE COURSE WITHOUT ANY ADVERSE EFFECTS TO HIS/HER HEALTH.

IT IS RECOMMENDED THAT ALL PARTICIPANTS ATTENDING THIS TRAINING SHOULD BE IN POSSESSION OF A CURRENT RELEVANT MEDICAL CERTIFICATE.

SHOULD, HOWEVER, ANY PARTICIPANT HAVE A MEDICAL HISTORY INVOLVING RESPIRATORY DEFECTS SUCH AS ASTHMA OR BRONCHIAL DISORDERS, HEART DISEASE OR HAVE HAD A RECENT SURGICAL OPERATION OR CURRENTLY SUFFERING FROM PHYSICAL IMPEDIMENTS, PSYCHIATRIC DISORDERS OR EPILEPSY, THEN SUCH MATTERS SHOULD BE DISCLOSED TO THE ADMINISTRATORS OF THIS TRAINING INSTITUTION.

IF YOU SHOULD HAVE ANY PROBLEMS COMPLETING THIS SECTION OF THE MEDICAL DECLARATION QUESTIONNAIRE, WE SUGGEST YOU CONSULT YOUR OWN DOCTOR.

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MEDICAL QUESTIONNAIRE (To be completed by all Participants)

FULL NAME: _____

DATE OF BIRTH: _____

Please check Yes or No to the following:

	Yes	No
Are you in possession of a current Medical Certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disability that MatPal Marine Institute should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Are you suffering from any of the following?		
1. Shortness of breath, chest complaints, eg. Bronchitis or asthma	<input type="checkbox"/>	<input type="checkbox"/>
2. Previous heart complaints/surgery, Angina	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions (Fits), Dizziness, Fainting	<input type="checkbox"/>	<input type="checkbox"/>
4. Any problem with mobility	<input type="checkbox"/>	<input type="checkbox"/>
5. Any significant disease, infection, eg. Diabetes, Ear Infection, etc.	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you taking any medication, pills, injections which may affect your participation in classes, practicals	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel unwell at the moment	<input type="checkbox"/>	<input type="checkbox"/>

I do declare that to the best of my knowledge, the answers to the above questions are honest and correct.

Signature: _____ **Date:** _____



MATPAL MARINE INSTITUTE INC. REGISTRATION FORM



AMERICAN CARIBBEAN MARITIME FOUNDATION (ACMF) SCHOLARSHIP AND GRANT APPLICATION

Scholarship

ACMF scholarships are offered to students who have been accepted by MATPAL and have strong academic performance along with demonstrated leadership, service, and community involvement.

- I wish to apply for an ACMF Scholarship.
- I have been accepted by MATPAL
- I am awaiting a decision from Matpal.

Fern Khan Grant

The ACMF Fern Khan Grant is open to returning MATPAL students who are in good academic standing with compelling financial need.

- I wish to apply for a Fern Khan Grant. I am currently enrolled at MATPAL and am passing my courses.

A completed MATPAL Application and this form **must** be sent to MATPAL **and** to the ACMF at executivedirector@acmfdn.org.

Please briefly explain how you pay for your schooling:

How do you currently pay your tuition (list scholarships, support from family, etc.) _____

Note: Both the MATPAL application and this form must be submitted at the same time. Separate submissions will not be considered.



MATPAL MARINE INSTITUTE INC. REGISTRATION FORM



AMERICAN CARIBBEAN MARITIME FOUNDATION (ACMF) SCHOLARSHIP AND GRANT APPLICATION continued

A completed MATPAL Application and this form **must** be sent to MATPAL **and** to the ACMF at executivedirector@acmfdn.org.

Signed: _____

Print name: _____

Dated: _____