

**MARINE INSTITUTE
Offshore Safety and Survival Centre (OSSC)**

Fisheries and Marine Institute
Memorial University of Newfoundland
P.O. Box 4920, St. John's, Newfoundland, Canada, A1C 5R3
Phone: (709) 834-2076, extension 250
Toll Free: 1-800-563-5799, ext 550-250
Fax: (709) 834-1344

IMPORTANT
<u>Please complete if applicable</u>
Company Paid: Yes / No
Company Name: _____
Course Date: _____

Application/Course Enrolment Form

Please complete all areas of this application and return to the OSSC.

Are you a Canadian Citizen? Yes [] No []

Have you ever attended Marine Institute or Memorial University of Newfoundland? Yes [] No []

Please indicate if you will be seeking funding support from HRDC. Yes [] No []

Student Number:	Social Insurance Number (SIN):
Date of Birth: Year Month Day	CDN:
Male [] Female []	*Height: *Weight:

* Required for protective equipment sizing.

Name of Applicant: (Last)	First:	Middle:
Permanent Street Address:	P.O. Box:	City/Town:
Province:	Country:	Postal Code: Phone: ()
E-mail Address:		

Name of Next of Kin: (Last)	First:	Middle:
Permanent Mailing Address:	City/Town:	
Province:	Country:	Postal Code: Phone: ()

COURSE/PROGRAM APPLYING FOR:		
<input type="checkbox"/> MED A1 Basic Safety	<input type="checkbox"/> Offshore Fire Team (OFT)	<input type="checkbox"/> Offshore Fire Team Recurrent(OFT-R)
<input type="checkbox"/> Basic Safety STCW95	<input type="checkbox"/> Basic Survival Training (BST)	<input type="checkbox"/> MED A2: Small Vessel Safety
<input type="checkbox"/> Survival Craft STCW 95	<input type="checkbox"/> Basic Survival Recurrent (BST-R)	<input type="checkbox"/> H2S Alive
<input type="checkbox"/> Advanced Firefighting STCW 95	<input type="checkbox"/> Specialized Oil Tanker Safety	<input type="checkbox"/> WHMIS
<input type="checkbox"/> Marine Basic First Aid (MBFA)	<input type="checkbox"/> Oil & Chemical Tanker Familiarization	<input type="checkbox"/> Offshore Survival Introduction (OSI)
<input type="checkbox"/> MED D Senior Officer	<input type="checkbox"/> HUET Helicopter Underwater Escape	<input type="checkbox"/> Fast Rescue Craft (FRC)
<input type="checkbox"/> Other: _____	Date(s) Available for Training: _____	

Student Declaration:

I hereby declare that I have disclosed all required information fully and accurately. If accepted as a student I agree to participate in all training activities. I further agree to abide by all Institute rules and regulations and understand that if I fail to do so, I will forfeit the privilege of remaining a student. **I acknowledge that the Marine Institute confirmation fee (\$150.00) is non-refundable/non-transferable.**

For sponsored students:

I consent to the disclosure of information concerning my attendance and academic progress (courses/programs indicated above only) to my sponsoring agency or employer.

Signature: _____ Date: _____

Access to Information and Protection of Privacy

The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and will be used to process your application for admission. Upon admission and registration, this information will form part of your student record. Students' personal information may be disclosed to academic and administrative units, and to federal and provincial agencies as legally required.

If you have any questions about the collections and use of this information, contact the Registrar at 709-778-0497.

OFFICE USE ONLY	Total Amount Due: _____
Payment _____	Receipt No. _____ Date _____ Cashier Initials _____
Payment _____	Receipt No. _____ Date _____ Cashier Initials _____
Medical Clearance: Not Applicable _____ Attached _____	
Company to be Billed: _____	