



**SEYCHELLES MARITIME ACADEMY**

**PROVIDING WORKING MARITIME SKILLS**

Seychelles Maritime Academy, Providence, Box 48, Republic of Seychelles

Telephone: +248-4381100

Email: director@sma.edu.sc

**All correspondence please address to the Director**

**APPLICATION FOR STCW and NON-STCW COURSES**

(1)

Surname: .....

Sex: Male

Female:

Names: .....

Nationality:.....

Date of Birth: .....

Date:.....

N.I.N: .....

Address:.....

Telephone:.....

Email: .....

(2)

**Full Course apply for** (Please tick in the box)

<b>BASIC SAFETY COURSES STCW as amended</b>			
1	PROFICIENCY ELEMENTARY FIRST AID	15 Hours	
2	PROFICIENCY PERSONAL SURVIVAL AND SAFETY RESPONSIBILITIES	18 Hours	
3	PROFICIENCY PERSONAL SURVIVAL TECHNIQUES	15 Hours	
4	PROFICIENCY FIRE PREVENTION AND FIREFIGHTING	15 Hours	
5	PROFICIENCY IN SHIP SECURITY AWARENESS	6 Hours	
6	PROFICIENCY IN SECURITY TRAINING FOR SEAFARERS WITH DESIGNATED SECURITY DUTIES	9 Hours	
<b>ADVANCED COURSES STCW as amended</b>			
1	MEDICAL FIRST AID	30 Hours	
2	MEDICAL CARE	30 Hours	
3	ADVANCED FIRE FIGHTING	30 Hours	
4	PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOAT other than fast rescue boat	30 Hours	
<b>SAFETY UPDATING/REFRESHER COURSES STCW as amended</b>			
1	PROFICIENCY ELEMENTRY FIRST AID	6 Hours	
2	PROFICIENCY PERSONAL SAFETY & SOCIAL RESPONSILTY	6 Hours	

3	PROFICIENCY SURVIVAL TECHNIQUES	6 Hours	
4	PROFICIENCY FIRE FIGHTING AND FIRE PREVENTION	6 Hours	
5	MEDICAL FIRST AID	12 Hours	
6	MEDICAL CARE	18 Hours	
<b>MARITIME COMMUNICATION</b>			
1	GMDSS RESTRICTED OPERATOR'S CERTIFICATE (ROC)	48 Hours	
2	GMDSS GENERAL OPERATOR'S CERTIFICATE (GOC)	90 Hours	
3	ROCP UPGRADE TO ROC	15 Hours	
<b>BASIC SAFETY COURSES Non-STCW</b>			
1	ELEMENTORY FIRST AID	6 Hours	
2	PERSONAL SAFETY AND SOCIAL REponsibilities	6 Hours	
3	PERSONAL SURVIVAL TECHNIQUES	6 Hours	
4	FIRE PREVENTION AND FIRE FIGHTING	6 Hours	
<b>BASIC SAFETY COURSES REFRESHER Non-STCW</b>			
1	ELEMENTORY FIRST AID	3 Hours	
2	PERSONAL SAFETY AND SOCIAL REponsibilities	3 Hours	
3	PERSONAL SURVIVAL TECHNIQUES	3 Hours	
4	FIRE PREVENTION AND FIRE FIGHTING	3 Hours	

(4) Attach copy of National Identity or Passport

(5) Educational Qualifications (Please attach copy of certificates and sign True copy of original)

For updating and refresher courses please attach copy of existing STCW or Non-STCW Certificates.

(6) Work Experience (State sea experience if you have any/Attach copy of seaman book)

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 .....

(7) Seafarer Identity Document No. (if any)

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(8) Employed..... Yes  No   
 (if yes state the organisation)

.....

(9) Medical Fitness Certificate

Medical Fitness Certificate by SMSA approved doctor must be attached with the application form

(10)

**Swimming Ability**

Very Good  Good  Poor  Not Able

(Please tick in the appropriate box)

I declare the information provided is true and correct.

Signature: .....

**11) Precautionary Notes:**

**NB: (1)** The application form and payment should be made 5 working days prior to commencement of the course. A notice of 48 hours should be given to the Academy for participants who does not turn up for the course.

**NB: (2)** Should any applicant not turn up for the course an extra 50% of the course fee will be applicable to re-book on the next available course unless a medical certificate is provided.

**NB: (3)** Applicant must follow the Security Awareness Course to comply with the STCW amendment. For Non-STCW course the Security Awareness is recommended.

Course Code	Starting date	Medical Fitness Certificate	Trainability Educational Qualifications	Approved by Deputy Dir/HOP Safety	Date
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**NB: (4)** Please note that **payments** are done on **Wednesdays ONLY**

Further Information,

The responsibility for eligibility for entry to the SMSA examinations including correct documentations and sea service rests with the candidate and not with the Academy.

The Academy will assist and advice but if in doubt you should obtain written confirmation from the SMSA at the following address:

Seychelles Maritime Safety Administration  
 2<sup>nd</sup> Floor  
 Trinity House  
 Victoria, Mahe  
 Tel: +248-4224866  
 e-mail: [dg@smsa.sc](mailto:dg@smsa.sc)

**FOR OFFICIAL USE ONLY**

**Applicant Number:** .....

**Date of Receiving Application:** .....

**Name and signature of Person receiving the application:** .....

**Date Enrolled**.....