**Consimţământ de prelucrare şi transfer al Datelor cu Caracter Personal**

 Subsemnatul ………………………………….., confirm că am citit și am luat la cunoștință Politica cu privire la prelucrarea datelor personale a Agenției de Crewing ValDor CONSHIPPING referitoare la Regulamentul (UE) 2016/679 al Parlamentului European și al Consiliului din 27 aprilie 2016 cu privire la Protecția Persoanelor fizice, cu accentul pe Prelucrarea datelor cu Caracter Personal, incluzând libera circulație a informațiilor, cât și termenii și notele explicative a acestora.

 Declar, pe proprie răspundere, că am înțeles în ce scop sunt folosite aceste date cu caracter personal, care îmi sunt drepturile și la ce riscuri mă expun neacordând consimțământul de preluare și prelucrare a acestora, de către agenția de crewing ValDor CONSHIPPING, în special dacă acestea sunt folosite în scopul angajării.

 Prin urmare, semnând acest formular, nesilit de nimeni, îmi acord CONSIMȚĂMÂNTUL în ceea ce privește preluarea, prelucrarea și stocarea datelor cu caracter personal în scopul prestării activității de crewing și facilitarea șansei de a putea fi un potențial angajat prin cadrul acestei Agenții.

Data Semnătura,

……………………………. ………………………………

Dacă NU sunteți de acord cu prelucrarea și stocarea datelor dumneavoastră, vă rugăm să NU completați și să NU trimiteți aplicația / C.V.-ul.

|  |  |
| --- | --- |
| SEAFARER'S APPLICATION FORM - PERSONAL | photo |

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| **PERSONAL INFORMATION** |
| **Family Name** |   | **First Name (s)** |  |
| **Birth Date** |  | **Birth Place** |  |
| **Father’s Name** |  | **Mother’s Name** |  |
| **Nationality** |  | **Religion** |  |
| **Marital Status** |  | **No. of Children** |  |
| **Height (cm)** |  | **Weight (kg)** |  |
| **Shoes Size** |  | **Overall** |  |
| **Eye Color** |  | **Hair Color** |  |
| **Nearest Airport** |  |  |  |
| **ADDRESS (include telephone country & area codes, advise also secondary or contact addresses)** |
| **Street &Nr.** |  | **Email Address** |  |
| **Location** |  | **Mobile Phone** |  |
| **City** |  | **Residence Phone** |  |
| **State, Country** |  | **Skype/Facebook** |  |
| **Postal (ZIP) Code** |  | **P.O. Box (if any)** |  |
| **NEXT OF KIN INFORMATION (person to contact in case of emergency & insurance beneficiary)** |
| **Family Name** |  | **First Name(s)** |  |
| **Nationality** |  | **Relationship** |  |
| **Street &Number** |  | **Email Address** |  |
| **Location** |  | **Mobile Phone** |  |
| **City** |  | **Residence Phone** |  |
| **State, Country** |  | **Skype/Facebook** |  |
| **Postal (ZIP) Code** |  | **P.O. Box (if any)** |  |
| **REMARKS:**  |
| **Requested Rank** |  | **Availability Date** |  |
| **Prefer. Vessel Type**  |  | **Minimum Salary** |  |
| **English Language Skills** | **Spoken:** fluent / good / average / poor - **Written:** fluent / good / average / poor |
| **Other Foreign Languages** |  |
| **Professional School / Academy - Name & Period (From - To)** |  |
|  |
| **Foreign Crew Experience****(specify nationalities)** |  |
| **Other Skills** |  |
| **Further Remarks** |  |
| **I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge.** |
| ***Date:*** | ***Signature:*** |
| **Family****Name** |  | **First** **Name(s)** |  | **Rank** |  |
| **A. TRAVEL DOCUMENTS AND MEDICAL CERTIFICATES** |
| **Document Name (Description)** | **Document Number** | **Country** | **Issue Place** | **Issue Date** | **Exp. Date** |
| Passport |  |  |  |  |  |
| Seaman's Book (national) |  |  |  |  |  |
| Seaman's Book (flag state) |  |  |  |  |  |
| Seaman's Book (flag state) |  |  |  |  |  |
| Visa - United States (type C1/D) |  |  |  |  |  |
| Visa - Others (Work/Resid. Permits) |  |  |  |  |  |
| Medical Examination Report |  |  |  |  |  |
| Drug & Alcohol Test |  |  |  |  |  |
| Vaccination against Yellow Fever |  |  |  |  |  |
| Vaccination against Cholera |  |  |  |  |  |
| **B. CERTIFICATES OF COMPETENCY & ENDORSEMENTS, COURSE CERTIFICATES** |
| **Document Name (Description)** | **Document Number** | **Country** | **Issue Place** | **Issue Date** | **Exp. Date** |
| Certificate of Competency |  |  |  |  |  |
| Endorsement |  |  |  |  |  |
| Basic Safety Training |  |  |  |  |  |
| Proficiency in Survival Craft and Rescue Boats, other than Fast Rescue Boats |  |  |  |  |  |
| Designated Security Duties |  |  |  |  |  |
| Medical First Aid/ Medical Care |  |  |  |  |  |
| Advanced Fire-Fighting |  |  |  |  |  |
| Maritime English |  |  |  |  |  |
| Risk Assessment in Ship Operation |  |  |  |  |  |
| Prevention of the Marine Pollution of the Marine Environment |  |  |  |  |  |
| Transport and Handling of Dangerous Goods |  |  |  |  |  |
| HELM |  |  |  |  |  |
| Passenger Specialization |  |  |  |  |  |
| Basic Training for Oil and Chemical Tanker Cargo Operations |  |  |  |  |  |
| Advanced Training for Chemical Tanker Cargo Operations |  |  |  |  |  |
| Advanced Training for Oil Tanker Cargo Operations |  |  |  |  |  |
| Basic Training for LPG Tankers Cargo Operations |  |  |  |  |  |
| Advanced Training for LPG Cargo Operations |  |  |  |  |  |
| ***Date:*** | ***Signature:*** |

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| **Family Name:** | **First Name(s):** | **Date of Birth:** |
| **Vessel's Name** | **IMO** | **Flag** | **DWT** | **kW** | **Vessel****Type** | **Engine****Type** | **Rank** | **S/On Date** | **S/Off Date** | **Sign off Reason** | **Recruiting Agency** | **Ship Owner****(company to contact for reference)** |
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| *Date:* | *Signature:* |