APPLICATION FORM

ACCREDITATION/REACCREDITATION AUDIT

Date of Application:

Estimated date of readiness for audit:

|  |  |  |
| --- | --- | --- |
| **Section A: Details of Training Centre** | | |
| Registered Name | |  |
| Address, (with Post Code) | |  |
| Telephone | |  |
| Fax | |  |
| Email | |  |
| Website | |  |
| Person In Charge / Date of birth | |  |
| Contact Person / Date of Birth | |  |
| Name of Course(s) to be audited: (Induction, Simulator, STR, Shuttle Tanker, Revalidation, Others) | |  |
| Name of Instructors/ DP Cert No | | Training Programme completion date or date of NI approval letter |
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| **Section B: Simulator Details (In Brief)** | | |
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| **Section C: Checklist of Submission of Documents (Tick relevant boxes)** | | |
| COURSE MATERIALS: (a) Instructor’s manual for specific course, including course timetable, lesson plans for each module, power points, exercises etc. (b) Students Manuals, hand outs and materials. | | |
|  | Induction | |
|  | Simulator | |
|  | Sea Time Reduction | |
|  | Shuttle Tanker Course B. | |
|  | Revalidation Course | |
|  | Others (Specify) | |
| INSTRUCTORS: (Documents to be provided for each instructor) | | |
|  | CVs (including photos) | |
|  | NI Unlimited DP certificate | |
|  | Copy of IMCA and/or NI logbook pages | |
|  | Instructor’s training programme | |
|  | IMO train the trainer or teaching certificate | |
|  | Signature and full name on Training Centre letter head | |
|  | NI Instructor Approval Letter | |
| ADMINISTRATIVE DOCUMENTS: | | |
|  | Company Registration Certificate | |
|  | Health and safety information | |
|  | Forms, (Students registration, attendance list, feedback, complaints etc) | |
|  | Copy of Course Certificates to be issued | |
|  | Administration procedures to cover registration/booking, logbook control etc | |
|  | Management review policy | |
|  | Performance appraisal policy for instructors | |
|  | Complaints policy | |
|  | Control of documents policy | |
| SIMULATOR INFORMATION: | | |
|  | Description and layout of the equipment | |
| SATELLITE CENTRES, JOINT VENTURES or PARTNERSHIPS**:** | | |
|  | Joint venture or business partnership agreement (or contract) between the companies | |
|  | Administration procedures showing the responsibilities and actions of each company | |
|  | Stamp and course certificate in the name of both companies | |

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Signature of the Responsible Person from the Training Centre and date

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Full Name and Title/Position of the Responsible Person from the Training Centre

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Name of Training Centre with Official Seal