



MARINE INSTITUTE

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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 221
Toll Free: 1-800-563-5799, ext 550-221
Fax: (709) 834-1344

IMPORTANT
Please complete if applicable
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:
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: ( )
Local Address: 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:
[ ] MED A1 Basic Safety [ ] Marine Advanced First Aid [ ] MED B1 Survival Craft
[ ] MED B2 Marine Firefighting [ ] MED Program: A1, FA, B1, B2 [ ] MED A2: Small Vessel Safety
[ ] MED C Officer Certification [ ] MED D Senior Officer [ ] H2S Alive
[ ] Tanker Familiarization [ ] Advanced Petroleum Tanker Safety [ ] WHMIS
[ ] Basic Survival Training (BST) [ ] Basic Survival Recurrent (BST-R) [ ] Helicopter Passenger Trans. (HUET)
[ ] Offshore Fire Team (OFT) [ ] Offshore Fire Team Recurrent (OFT-R) [ ] Fast Rescue Craft (FRC)
[ ] 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 is non-refundable/non-transferable.

Signature: Date:

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