



# Training Courses for the Irish Seafood Industry

## Application for Admission

*Note: Please tick appropriate box for preferred course.*

<input type="checkbox"/>	FETAC Certificate in Commercial Fishing (Level 5)
<input type="checkbox"/>	FETAC Certificate in Aquaculture (Level 5)
<input type="checkbox"/>	Engineer Officer (Fishing Vessel) Department of Transport

*(Block letters please)*

First Name(s) <i>(as on birth certificate):</i>		Please attach a recently taken passport size photograph in colour or b&w, signed on reverse
Surname:		
Address		

Home Telephone		Mobile:						
Email Address								
Date of Birth <i>(N.B. Birth Certificate/Passport required)</i>	D	D	M	M	Y	Y	Y	Y
PPS Number								
Nationality								

EDUCATION								
Have you sat for any of the following examinations								
Course	Year		School Attended					
Junior Certificate	D	D	M	M	Y	Y	Y	Y
Leaving Certificate	D	D	M	M	Y	Y	Y	Y
Other (specify)	D	D	M	M	Y	Y	Y	Y

Leaving Certificate Results		
Subject	Higher or Lower Course	Grade

*Other training e.g. information on any part-time course(s) or pre-employment course(s) undertaken in the last 2 years.*

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**Note:** Applicants please note that all educational certificates must be produced if called for interview.  
 This Course is funded by the National Development Plan  
 BIM offers equal training opportunities for both men and women.

### WORK EXPERIENCE

Record of Work Experience. List all experience in reverse chronological order, that is, your most recent experience first.

Name of Employer	Type of Job	From	To
		DDMMYYYYY	DDMMYYYYY
		DDMMYYYYY	DDMMYYYYY
		DDMMYYYYY	DDMMYYYYY

Main leisure and other activities  
(Clubs, Sports, etc.):

### ADDITIONAL INFORMATION

Please provide here any other information which you consider relevant to your application.

### DECLARATION

BIM offers training for people seeking to work in the Irish Seafood Industry and on this basis I am eligible for this course and understand that I will be liable for the full economic cost of this training if ineligible.

I declare that the information given above is accurate and hereby consent to its use by Bord Iascaigh Mhara for training administration purposes. I further declare that I do not to have any disability which would prevent me from completing the course.

Signature:

Date:

Witness:

*Above declaration must be witnessed by a Peace Commissioner, Principal Teacher or Garda Sergeant.*

Forward completed application forms to:

Training Services Section, Marine Services Division,  
Bord Iascaigh Mhara/Irish Sea Fisheries Board,  
P.O. Box 12, Crofton Road,  
Dún Laoghaire,  
Co. Dublin, Ireland.

Tel: (01) 2144100

Fax: (01) 2144254

Email: training@bim.ie