

Pre-Joining Declaration for Trainees

(Action: To be completed by selected/joining Trainee & filed)

Name of Trainee :	Course :
Batch No :	Date :

Joining Trainee to answer the below questions by ticking the appropriate check box

	Is there any past / present history of any of the following:-	Yes	No
1.	Have you ever been involved in the use of drugs / narcotics	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever undergone rehabilitation for any reason E.g. – Drug/Alcohol abuse, depression or mental trauma	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been diagnosed with or treated for Asthma, Migraine, fits, epilepsy, dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever suffered / been treated for nervous, mental or sleeping disorders	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever been declared unfit by any doctor in the past for whatsoever reason	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you allergic to any kind of food, medication or external conditions such as sun light, cold temperatures?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you suffer from any kind of phobia or fear? E.g. – Acrophobia, Vertigo, Claustrophobia etc...	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you aware of any other symptom/condition which may render you unfit for a career at sea? E.g. – Hypertension, blood pressure, heart related problems, kidney problems.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever been hospitalized for any ailment?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is Yes, please provide details below

I certify that the information contained in this declaration form is true to the best of my knowledge and belief. I have not withheld any material/information that would affect my joining/selection. Should any information be found incorrect, I understand that Anglo- Eastern reserves the right to terminate my training without any notice and I will be liable for all costs including, but not limited to my training, repatriation and associated costs.

I am also aware that I may be subjected to urine, drug, medical tests for selection and at any time during my Pre-sea/onboard training, and if urine/drug test is found positive or I am found medically unfit, my training may be terminated as per the above clause.

Name of the Trainee & Signature: _____

Declaration by the Parent –

I hereby confirm that all the above information declared by my son/daughter is correct and I will be held responsible for all costs stated above, if any of the information declared herein is found to be misleading or incorrect at a later stage.

Countersigned by the Parent:

Name & Address of the Parent: _____

Contact Numbers: _____

Important Note:

1. There is no doctor onboard thus pre-existing illnesses requiring critical care / hospital care under medical supervision, cannot be provided.
2. If there is any **false** declaration, then the insurance may not cover the medical expenses and whole employment contract will be considered null n void.
3. Ship's Staff is involved in Independent watch keeping duties where they may remain unsupervised, hence could be legally held liable for all the consequences (civil & criminal), if facts about known health condition are not declared correctly.
4. If Parent's are not available, form can be signed by next of kin.

Note: To be **submitted** by cadet during admission process.