



Anglo-Eastern Group

AEMA Quality Manual

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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.



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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.

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