

**Please complete electronically and
save as an attachment in an email.**

To be sent to:

observer_req@mrag.co.uk

**Ensure the completed form is
saved using your name i.e.**

File Name: [Your_name.pdf](#)

Internal Use Only

MRAG Staff: _____

Date: _____

Interview: Yes / No

Applicant informed: Yes / No



MRAG Ltd
 18 Queen Street
 London
 W1J 5PN
 Tel: +44 (0)20 7255 7755

Programme applied for:	
Date of Application: [DD-MMM-YYYY]	
Have you Applied Previously	

Personal details:

Title: _____
 Surname: _____
 First name: _____
 Nationality (primary): _____
 Nationality (other(s)): _____
 Other visas/ working or
 residence permits: _____
 Date of birth:
 [DD-MM-YYYY] _____

Contact details:

	Applicant's Details	Next Of Kin Details
Address		
Country		
Phone (land) (inc. international dialling code)		
Phone (mobile) (inc. international dialling code)		
Email		
Skype		
Comment		

Academic Qualifications:

Degree	x if held	Subject and grade	Dates Finished [DD-MMM-YYYY]	Institution
PhD				
MSc/MA or equiv				
BSc/BA or equiv				
Diploma				
Other (describe)				
None				

Vocational Qualifications:

Certificate	x if held	Institution	Certificate Title	Year Completed	Valid From [DD-MMM-YYYY]	Valid To [DD-MMM-YYYY]	Country
Medical (ENG 1 equivalent)							
Sea Survival (STCW-95 equivalent)							
Fire Fighting							
Basic First Aid							
HUET							
BOSIET							
Seamanship							
Yachtmaster							
Other (describe)							
None							

Languages:

Indicate the languages you speak (including mother tongue), and level from 1-5 in each category where 1=basic and 5=fluent

Language	Speaking	Writing	Qualification	Award Body	Certificate Title	Year Completed	Country

Employment Summary: Please provide a summary of your employment history divided in the categories below.

Sector	Number of Days at Sea
Regional Fisheries Enforcement Officer	
National Fisheries Enforcement Officer	
National Fisheries Observer	
Tuna Fisheries Observer	
RFMO Fisheries Observer	
Fisherman	
Merchant Navy	
Navy	
Aquaculture	
Research / Survey	
Other	
None	

Observer Programme Training (External to MRAG):

Include details of any observer programmes you have previously been trained for:

Observer Programme	Awarding Body	Certificate Title	Year Completed	Valid From [DD-MMM-YYYY]	Valid To [DD-MMM-YYYY]	Country

Disclaimer: The information contained in this form will be recorded on a database. By completing and returning this form you are agreeing to have your details shared with MRAG Ltd, MRAG Asia Pacific and MRAG Americas. They will **only** be used for the purposes of identification of consultants for potential work opportunities. If you wish to be removed from the database please contact the data protection officer using the email dpo@mrag.co.uk