

OFFICER CADET TRAINING SCHEME APPLICATION FORM

Please return completed form to: Princess Cruises – Fleet Personnel

> **Carnival House** 100 Harbour Parade Southampton SO15 1ST

> > Issue

Issue

Or fax to: 023 8065 7396

Which Officer discipline are you applying for? (Please delete as appropriate)

* DECK (NAVIGATION)

* ENGINEERING

<u>Name</u>					*ELECTRO-	-TECHNICAL	
Title	First Name			iddle Initial (s)	Surname		
Personal Details							
Permanent Addre	iss						
Post Code							
Home Telephone	No.						
Mobile No.							
Email Address							
Nearest Internation	onal Airport						
Nationality / Citize	nship						
Are you subject to any employment restrictions in the UK				Yes	No		
Do you have a permanent right of residence in the UK				Yes	No		
Next of Kin Details							
Name				Relationship			
Next of Kin Addre	ss						
Post Code				Telephone N	Number		
						ew form must be completed to Fleet Personnel, Southan	
Passport Details / I	National Insu	rance Number					
Passport Number		Place of	Date of	Date of Evning	National Insurance	e Number	

$\underline{\textbf{Education}}$

Schools / Colleges / Universities Attended

Name & Address of Educational Institution

Secondary / Higher Education (i.e. to GCSE, A/S, A Level, HN ist all subjects attempted, or are to be attempted during the co				ns, or equivalent)
Subject	Level		Date of Exam	Grade	Expected Grade
Employment Please list any full-time, part time or temporary employment, w	vork experienc	ce or	holiday jobs you hav	ve had. Continue	on separate sheet, if necessary.
Name, Address and Telephone No. of Employer				Job Details	

Dates Attended

Pre Joining Information

	f Birth	
Hair Colour Eye Co	lour Weight	
Medical History		
interital History		
All applicants must pass a Maritime Authority recognised Seafarer	s' Medical after an offer of employment	
Do you suffer from any visual handicap? (E.g. Colour Blindness)	Yes No	
Have you ever suffered from Epilepsy or a Nervous Disorder?	Yes No	
Have you ever suffered from Asthma?	Yes No	
Have you ever had a major illness?	Yes No	
Have you ever undergone surgery?	Yes No	
Any Visible Tattoos? Visible tattoos when in Company Uniformed	are not permitted	
Have you ever been refused a visa, denied entry or been deported f	rom any country?	
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Rehabilitation of Offenders Act 1974

It is Princess Cruises Policy for all applicants to disclose unspent criminal convictions. Under the Rehabilitations Act 1974, you do not need to provide details of spent convictions. A conviction becomes spent after a certain length of time, which changes depending upon the sentence and your age at the time of conviction. (The periods are halved if the conviction took place when you were aged 17 or less)

Sentence	Period of good conduct needed for conviction to become spent
6 month to 2.5 years imprisonment	10 years
Less than 6 months imprisonment	7 years
Borstal Training	7 years
A fine or Community Service Order	5years
Probation Order, Conditional Discharge, or Bind Over	1 year
An Absolute Discharge	6 months

Note: If a person is sentenced to more than 2.5 years in prison, (or has a corresponding court martial punishment), his / her conviction can never become "spent".

Any information given will be treated as confidential and used only in connection with this application.

An offer of employment may be withdrawn or employment may be terminated if any relevant information which was not disclosed is revealed by subsequent checks. If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Officer or the Citizen Advice Bureau, or your Solicitor.

Please enter any convictions, cautions or pending prosecutions in the box below. If you have no convictions, please enter "None".

Offence	Date of Conviction / Caution pending conviction	Sentence (if appropriate)

Equal Opportunities

Princess Cruises is committed to its Equal Opportunities policies. Please help us to ensure the effectiveness	of these policies by completing the following
questions. These questions are purely for statistical and not selection purposes:	

Marital Status:	Single	Married	Divorced	Other	
Ethnic Origin:	Asian	White	Oriental	Afro-Caribbean	Other
Declaration I declare that the information in	this form is correct to	the best of my knowle	dge. I understand that	any false statement may in	validate a contract of

I declare that the information in this form is correct to the best of my knowledge. I understand that any false statement may invalidate a contract of employment based upon it

Signature	Date
If you are under eighteen at the date of this application, your pare	ent, or guardian must countersign this declaration.
Signature	Date

Parent / Guardian (delete as appropriate)