



DEPARTMENT OF TRANSPORT, TOURISM AND SPORT

APPLICATION FOR SHIP'S COOK CERTIFICATE OR A SHIP'S COOK CERTIFICATE OF EQUIVALENT QUALIFICATION

| FOR OFFICIAL USE ONLY:               |                                    |  |                                    |
|--------------------------------------|------------------------------------|--|------------------------------------|
| Cook Certificate Number:             |                                    |  |                                    |
| Application Origin:                  | In Person <input type="checkbox"/> | By a Representative <input type="checkbox"/> |                                    |
|                                      |                                    | By Post <input type="checkbox"/>             |                                    |
| If by a representative, state name:  |                                    |  |                                    |
| Date Received:                       |                                    | <b>Attach<br/>Photograph<br/>Here</b>        |                                    |
| Issuing Officer:                     |                                    |  |                                    |
| Date of Issue:                       |                                    |  |                                    |
| Distribution Method:                 | By Post <input type="checkbox"/>   |  | In Person <input type="checkbox"/> |
| Registered Post Number (if by post): |                                    |  |                                    |

PLEASE READ THE ATTACHED GUIDANCE NOTES BEFORE COMPLETING THIS FORM

| 1 DETAILS OF APPLICANT                                       |                             |                              |                             |
|--|-----------------------------|------------------------------|-----------------------------|
| Tick the Appropriate Box:                                    | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Surname:   |                             |                              |                             |
| Forename(s):   |                             |                              |                             |
| If known by an alternative name or names, please state:      |                             |                              |                             |
| Seafarer's Unique ID Number (if known, see guidance note 5): |                             |                              |                             |
| Home Address:  |                             |                              |                             |
| Alternative Postal Address:                                  |                             |                              |                             |
| Phone Number:  |                             | Mobile Number:               |                             |
| Email Address:   |                             |                              |                             |
| Name of Nominated Contact:                                   |                             |                              |                             |
| Address of Nominated Contact:                                |                             |                              |                             |
| Phone Number of Nominated Contact:                           |                             |                              |                             |

| 2 PARTICULARS REGARDING CITIZENSHIP   |  |                   |  |
|---------------------------------------|--|-------------------|--|
| Date of Birth:                        |  | Country of Birth: |  |
| County of Birth (If born in Ireland): |  | Nationality:      |  |

| 3 APPLICANT'S DECLARATION   |   |
|---|---|
| <p>I certify that I am over 18 years of age, the particulars furnished in this application are true, the accompanying photographs are photographs of me and I am aware that it is an offence to knowingly or recklessly make a false declaration.</p> <p><b>I hereby request that a Ship's Cook Certificate or Certificate of Equivalent Qualification be issued to me.</b></p> |   |
| <b>Signature of Applicant:</b><br><i>Note: Please keep signature within the box provided. This signature will be scanned and printed into the certificate being applied for.</i>  | <div style="border: 1px dashed black; width: 150px; height: 40px; margin: 0 auto;"></div> |
| <b>Date:</b>  |   |

|  |   |
|--|---|
| <b>4</b>   | <b>APPLICATION TYPE</b>                             |
| This application is for: <i>(please tick the appropriate box/es)</i> |   |
| <input type="checkbox"/>   | Ship's Cook Certificate                             |
| <input type="checkbox"/>   | Ship's Cook Certificate of Equivalent Qualification |

**ADDITIONAL DETAILS REQUIRED IF APPLYING FOR A CERTIFICATE OF EQUIVALENT QUALIFICATION**

|          |  |                   |              |             |                          |
|----------|--|-------------------|--------------|-------------|--------------------------|
| <b>5</b> | <b>PARTICULARS OF YOUR SHIP'S COOK CERTIFICATE FOR WHICH A CERTIFICATE OF EQUIVALENT QUALIFICATION IS BEING SOUGHT</b> |                   |              |             |                          |
|          | Certificate:   | Country of Issue: | Cert Number: | Issue Date: | Expiry Date<br>(if any): |
|          |  |                   |              |             |                          |

|                           |  |  |                     |  |
|---------------------------|--|--|---------------------|--|
| <b>6</b>                  | <b>EMPLOYMENT DETAILS OF PROSPECTIVE EMPLOYMENT <i>(for which a Certificate of Equivalent Qualification is required)</i></b> |  |                     |  |
| <b>SHIP DETAILS</b>       |  |  |                     |  |
|                           | Name of Ship:  |  | Official Number:    |  |
|                           | Port of Registry:  |  | Gross Tonnage (GT): |  |
|                           | Type of Ship:  |  |                     |  |
| <b>ENGAGEMENT DETAILS</b> |  |  |                     |  |
|                           | Capacity Engaged:  |  | Date of Engagement: |  |
|                           | Port:  |  |                     |  |
| <b>EMPLOYERS DETAILS</b>  |  |  |                     |  |
|                           | Employers Name:  |  | Company Name:       |  |
|                           | Address:   |  | Phone Number:       |  |
|                           |  |  | Email Address:      |  |

**DOCUMENTS TO ACCOMPANY YOUR APPLICATION - CHECKLIST**

|  | For Applicant            | For Official Use only    |
|--|--------------------------|--------------------------|
| <b>APPLICATION FOR A SHIP'S COOKS CERTIFICATE:</b>   |                          |                          |
| A completed application form   | <input type="checkbox"/> | <input type="checkbox"/> |
| Two photographs, signed on reverse   | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved certificate or document in respect of an approved Cook training course  | <input type="checkbox"/> | <input type="checkbox"/> |
| Company Letter/Email ( <i>verifying employment onboard an Irish flagged ship</i> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Proficiency in Personal Survival Techniques (STCW A-VI/1-1)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Proficiency in Fire Prevention and Fire Fighting (STCW A-VI/1-2)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Proficiency in Elementary First Aid (STCW A-VI/1-3)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of Proficiency in Personal Safety and Social Responsibilities (STCW A-VI/1-4)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Discharge Book or other Sea Service certification  | <input type="checkbox"/> | <input type="checkbox"/> |
| Passport or alternatively an original Birth Certificate and current State photographic ID i.e. Driver's Licence ( <i>not required if an Irish Discharge Book is provided</i> )     | <input type="checkbox"/> | <input type="checkbox"/> |
| Seafarer Medical Certificate   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>APPLICATION FOR A CERTIFICATE OF EQUIVALENT QUALIFICATION (<i>Where a Ship's Cook Certificate was issued by or under the authority of the Government of another State</i>):</b> |                          |                          |
| A completed application form   | <input type="checkbox"/> | <input type="checkbox"/> |
| Two photographs, signed on reverse   | <input type="checkbox"/> | <input type="checkbox"/> |
| Company Letter/Email ( <i>verifying employment onboard an Irish flagged ship</i> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| Ship's Cook Certificate ( <i>issued by or under the authority of the Government of another State</i> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| Passport or alternatively an original Birth Certificate and current State photographic ID i.e. Driver's Licence  | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE:** INCOMPLETE APPLICATIONS MAY BE RETURNED UNPROCESSED, BY POST. THEREFORE IN ORDER TO AVOID ANY UNDUE DELAY IN THE PROCESSING OF YOUR APPLICATION, PLEASE ENSURE THAT THE ABOVE CHECKLIST IS ADHERED TO.

**FOR OFFICIAL USE ONLY****APPLICATION PASSED**

I confirm that I have examined the identity, training and service documents supplied in support of this application. I hereby certify that the candidate has met the requirements for a Ship's Cook Certificate in accordance with S.I. No. 374 of 2014 Merchant Shipping (Maritime Labour Convention) (Accommodation, Recreational Facilities, Food, Catering and Ships' Cooks) Regulations 2014.

**CERTIFICATE TO BE ISSUED NOW** (*Examiner to tick appropriate box*)Ship's Cook Certificate Ship's Cook Certificate of Equivalent Qualification *Office Stamp*

|  |  |
|--|--|
| <b>Superintendent's<br/>Signature:</b> |  |
|--|--|

|              |  |
|--------------|--|
| <b>Date:</b> |  |
|--------------|--|

|                              |  |
|------------------------------|--|
| <b>Approved Expiry Date:</b> |  |
|------------------------------|--|

**APPLICATION REJECTED**

I confirm that I have examined the identity, training and service documents supplied in support of this application. I hereby certify that the candidate has **NOT** met the requirements for a Ship's Cook Certificate/ Ship's Cook Certificate of Equivalent Qualification in accordance with S.I. No. 374 of 2014 Merchant Shipping (Maritime Labour Convention) (Accommodation, Recreational Facilities, Food, Catering and Ships' Cooks) Regulations 2014.

**REASON(S) FOR REJECTION**

|                                |  |                     |
|--------------------------------|--|---------------------|
| Superintendent's<br>Signature: |  | <i>Office Stamp</i> |
| Date:                          |  |                     |

## GUIDANCE NOTES

### 1. GENERAL

S.I. No. 374 of 2014, Merchant Shipping (Maritime Labour Convention) (Accommodation, Recreational Facilities, Food, Catering and Ships' Cooks) Regulations 2014 provides for the issue of Ship's Cooks Certificates.

Provision is also made for the recognition of Ship's Cooks Certificates issued by, or under the authority of, the Government of other States that are parties to the Convention or to the Certification of Ships' Cooks Convention 1956 (No. 69), provided the Minister is satisfied that the level of qualification attained meets the required standard.

### QUALIFYING CRITERIA

In order to apply for a Ship's Cook Certificate you must:

- Have completed an approved training course for cooks at an approved cookery school or other approved institution or an approved training course in trade cookery or cookery and have been issued an approved certificate or other approved document in respect of the training course undertaken and
- Have served for not less than one month at sea. Details of sea service may be provided in a Discharge Book or alternatively as other certificates signed by the master or owner of ships in which you have served and
- Hold a valid Seafarer's Medical Certificate (*see Marine Notice 38 of 2014 for a list of approved GP's*) and
- Hold a Certificate of Proficiency in Personal Survival Techniques (STCW A-VI/1-1) and
- Hold a Certificate of Proficiency in Fire Prevention and Fire Fighting (STCW A-VI/1-2) and
- Hold a Certificate of Proficiency in Elementary First Aid (STCW A-VI/1-3) and
- Hold a Certificate of Proficiency in Personal Safety and Social Responsibilities (STCW A-VI/1-4).

### 2. LEGIBILITY

All entries (other than where signatures are required) must be made clearly in BLOCK CAPITALS using a black or blue ballpoint pen.

### 3. PHOTOGRAPHS

Your application must be accompanied by two identical passport-type photographs. The photographs should be taken full face, without a hat, and should be printed on normal photographic paper. The reverse side of each photograph should be signed by you.

### 4. FEE

There is no fee currently payable.

### 5. DETAILS OF APPLICANT (SECTION 1)

#### SEAFARERS UNIQUE ID NUMBER

The Department of Transport, Tourism and Sport is in the process of issuing all seafarers' who hold Irish Seafarer's Discharge Books, Identity Cards, Certificates of Competency, Radio Operator's Certificates and other seafaring qualifications and certificates including Irish Seafarer's Medical Certificates, a Seafarer's Unique ID Number. If this number is known to you, please provide it under Section 1. If this number is not known by you, please leave this field blank. Your unique ID number will be issued to you and printed on the current seafarer's certificate which you are applying for. This number should be quoted on all future communications with this Department.

#### NOMINATED CONTACT

For data protection purposes your application, or the status of your application, may not be discussed with any other party without your prior consent. Should you envisage another party making inquiries with this Department on your behalf regarding the status of an application submitted by you (i.e. should you be away at sea), then please provide details of that Nominated Contact.

## **6. APPLICATION METHODS**

### **A. By Post**

It is in your interest to use Registered Post. This Department will not accept responsibility for documents lost in the post. Complete your application form as required, remembering to attach all the supporting documents listed on the checklist provided (see Section 7). Post your application to the Mercantile Marine Office at the address listed under Guidance Note 7.

### **B. In Person**

Complete your application form as required, remembering to include all the supporting documents listed on the checklist provided (see section 7). Call in to our public office, address listed below, during our public office opening hours:

**Monday – Friday Between 10:00 am – 12:30 pm and 2:00 pm and 4:00 pm**

Applications, whether submitted by post or in person will normally be processed and returned by registered post within 10 working days.

## **7. CONTACT DETAILS FOR THE MERCANTILE MARINE OFFICE**

Mercantile Marine Office  
Maritime Services Division,  
Irish Maritime Administration,  
Department of Transport, Tourism and Sport  
Leeson Lane  
Dublin 2  
Ireland

Ph: + 353 (0)1 678 3480