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| **INSTRUCTIONS AND CHECKLIST FOR APPLICANTS** | |
| ***\*\* This Application is ONLY for use by existing Full Members of SOMWS \*\****  ***Applicants should be guided by the relevant sections of the “Guidelines for Application for Full Membership” when completing the application. These Guidelines are available on the SOMWS website at Join SOMWS – Apply for Full Membership.***  ***Particular attention should be paid to:***  ***Qualifications Matrix requirements (Table 3.1 and Appendix 1) to ensure that the minimum experience requirements are met, as each additional category requires at least an additional 12 months of MWS experience***  ***Guidance on completion of the Experience Description Forms (Appendix 3)*** | |
| ***ALL Applicants must submit the following documentation:***   * ***A fully completed Application (this form)*** * ***A fully completed Experience Description Form for the additional category of membership you are applying for. (Note that Experience Description Forms are category specific, and can be found on the SOMWS website at Join SOMWS – Apply for Full membership)*** * ***An up-to-date copy of their CV / resume***   ***Applicants may also submit other additional information they consider to be of relevance in support of their application. If additional information is submitted, please ensure the particular purpose and relevance of the information in supporting the application is clear.*** | ***Included??***  ***YES / NO***  ***YES / NO***  ***YES / NO*** |

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| **Applicant Information** | |
| Full Name: |  |
| SOMWS Membership No: |  |
| Address: |  |
| Contact Telephone *(including country code)*: |  |
| E-Mail address: |  |
| Additional Category of membership being applied for (please circle as appropriate): | PROJECT CARGO (C)  OIL AND GAS PROJECTS (P)  RIGS / MODU (R)  RENEWABLES PROJECTS (W) |

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| **Update to Employment History**  ***(only employment history since the date of your last application to SOMWS is required)*** | |
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| Employer:  *(Name, City Country)* |  |
| Website: |  |
| Dates of Employment: *(from MM:YYYY – to MM:YYYY)* |  |
| Position / Title: |  |
| Type of Work undertaken: |  |
| Estimated time spent on MWS activities (months): |  |
|  | |
| Employer:  *(Name, City Country)* |  |
| Website: |  |
| Dates of Employment: *(from MM:YYYY – to MM:YYYY)* |  |
| Position / Title: |  |
| Type of Work undertaken: |  |
| Estimated time spent on MWS activities (months): |  |
|  | |
| Employer:  *(Name, City Country)* |  |
| Website: |  |
| Dates of Employment: *(from MM:YYYY – to MM:YYYY)* |  |
| Position / Title: |  |
| Type of Work undertaken: |  |
| Estimated time spent on MWS activities (months): |  |
|  | |
| Employer:  *(Name, City Country)* |  |
| Website: |  |
| Dates of Employment: *(from MM:YYYY – to MM:YYYY)* |  |
| Position / Title: |  |
| Type of Work undertaken: |  |
| Estimated time spent on MWS activities (months): |  |

I hereby certify that the information contained in this application for an additional category of full membership of the Society of Offshore Marine Warranty Surveyors (SOMWS) is true and correct and that I have obtained the additional time and MWS experience required for this additional category of full membership .

I understand that any untrue information or untrue statement(s) made in the application will be sufficient cause for rejection of my application and may also result in my removal from full membership of SOMWS in any / all other categories of full membership I may already hold.

I hereby give my permission for SOMWS to contact my present and former employers and other relevant parties as SOMWS may deem necessary to support its evaluation of my application for an additional category of full membership, and I hereby agree to provide any additional pertinent data that may be requested as part of the application evaluation process.

I understand and consent to the information provided on this form being processed by SOMWS for its sole use for the purpose of promoting, delivering and improving my experience of SOMWS and its product and services or such other purposes as are described in the SOMWS Data Protection policy. If either now or in the future I am based outside the European Economic Area (the “EEA”), my information may be transferred outside the EEA to enable me to benefit from SOMWS opportunities overseas or, where required, to enable SOMWS to meet any legal or other legitimate obligations in that country.

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Applicant Signature Date