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| **Applicant Reference Number *(for SOMWS use only)*** |
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| **INSTRUCTIONS AND CHECKLIST FOR APPLICANTS** |
| ***ALL Applicants must submit the following documentation:**** ***A fully completed Application for Full Membership (this form)***
* ***A fully completed Experience Description Form for each category you are applying for. (Note that Experience Description Forms are category specific and a separate form is required for each category)***
* ***A copy of your CV / Resume, with appropriate emphasis on the category / categories of membership for which you are applying***
* ***A recent passport style image of yourself, in electronic format (.jpg)***

***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******YES / NO******YES / NO*** |

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| **Applicant Information** |
| Full Name: |  |
| Date of Birth: |  |
| Address: |  |
| Contact Telephone *(including country code)*: |  |
| E-Mail address: |  |
| Category / Categories of membership being applied for (please circle as appropriate): | PROJECT CARGO (C)OIL AND GAS PROJECTS (P)RIGS / MODU (R)RENEWABLES PROJECTS (W) |

| **Professional Qualifications / Licenses** |
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|  |
| **University Degree** |
| Type and Subject of Degree: |  |
| University of Study *(Name, City, Country)* |  |
| Year of Graduation: |  |
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| **Professional / Chartered Engineer** |
| Professional / Chartered Engineer Qualification: |  |
| Institution, Professional Organization or State Licensing Board conferring professional / chartered status:*(Name, City, Country)* |  |
| Registration / Membership Number: |  |
| Dates held: *(from MM:YYYY – to MM:YYYY)* |  |
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| **Professional / Licensed Merchant Marine** |
| Highest Licensed Rank: |  |
| Limitations / Endorsements: |  |
| STCW Endorsed: |  |
| Dates held: *(from MM:YYYY – to MM:YYYY)* |  |
| License Issued by: |  |
| Registration / Membership Number: |  |
| Dates held *(from MM:YYYY– to MM:YYYY)*: |  |
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| **Other (Relevant Military / Industrial / Seagoing experience)** |
| Highest Rank / Qualification: |  |
| Institution, Organization, Branch of the Military conferring the above:*(Name, City, Country)* |  |
| Dates held *(from MM:YYYY– to MM:YYYY)*: |  |
| Other: |  |

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| **Employment History *(most recent first)*** |
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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): |  |
|  |
| 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): |  |

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| **Knowledge and Experience** |
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| *Do you understand the following (YES / NO):* |
| * The role and responsibilities of the MWS
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| * The JRC MWS Code of Practice
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| * The general subjects / items to be addressed during the overall MWS review / approval process which leads to a MWS Certificate of Approval
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| * The implications of issuance of a Certificate of Approval
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| *Indicate your relative experience / knowledge of each of the following, with respect to the planning, design and execution of marine operations, by filling the box which best represents the total time you have spent on that aspect of MWS activities in your career to date. (Note that the overall total of months should correlate with the total estimated time spent on MWS activities provided in your employment history):* |
| *Time (Months):* | Less than 3 | 3 to 5 | 6 to 8 | 9 to 11 | 12 to 17 | 18 to 23 | 24 to 35  | 36 to 59 | More than 59 |
| *MWS Activity:* |  |
| * Document review - Methodology / procedures:
 |  |  |  |  |  |  |  |  |  |
| * Document review - Design / engineering / analysis:
 |  |  |  |  |  |  |  |  |  |
| * Suitability Surveys of Vessels / Equipment:
 |  |  |  |  |  |  |  |  |  |
| * Risk Assessment – eg: HAZIDs, project risk assessments, etc:
 |  |  |  |  |  |  |  |  |  |
| * Site attendance - loadout / offload operations:
 |  |  |  |  |  |  |  |  |  |
| * Site attendance - Voyage preparation / sailaway / marine transport operations:
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| * Site attendance - Installation / removal operations:
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| **SOMWS Code Of Ethics** |
| *It is a condition of membership of the Society of Offshore Marine Warranty Surveyors (SOMWS) that all members have read, understood and agreed to be bound by the Society’s Code of Ethics. The Code of Ethics is reproduced below. Please read carefully and ensure that you fully understand the requirements and obligations this Code places upon you before signing. Your signature below confirms your agreement to be bound by this Code should you be accepted for membership.* |
| **Code Of Ethics**All members of the Society agree to be bound by the following Code. In doing so you are making a promise, to yourself and to the other Members of the Society, which you should make every effort to keep to the best of your ability.1. A Member shall not conduct themselves at any time in a manner likely to prejudice their professional status as a Marine Warranty Surveyor or the reputation of their profession.
2. A Member will pledge a complete confidential relationship to those they are called upon to serve.
3. A Member shall not solicit orders nor employ any person to do so on their behalf, nor shall they either offer to give any reward for any recommendations.
4. A Member undertakes to abide by the Rules of the Society and to support, to the best of their ability, any meeting or gathering arranged by them.
5. A Member shall only perform services in areas of their competence.
6. A Member shall not take any position contrary to his or own professional knowledge or opinion.
7. A Member shall not engage so as to create conflicts of interest unless fully disclosed to and with the prior agreement of all affected principals.
8. A Member shall not engage in any practice that may be construed to not be in compliance with the principles of free and fair competition.
9. A Member shall not offer, promise, give, authorize, solicit or accept any undue pecuniary or other advantage of any kind in order to obtain or retain business or gain other improper advantage for any party.
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| **I agree to comply with the SOMWS Code of Ethics and further agree that in the event it is evidenced that I have breached the code, I will be subject to an adjudication process in accordance with the Rules of the Society which may result in the termination of my membership of the Society.** |
| Signed:Date: |

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| **Sponsors** |
| *You must be sponsored by a full member of SOMWS whose membership is in good standing. Please provide their name, membership number and information below.*  |
| ***By sponsoring your application, your sponsor is confirming that:**** *they believe you are a fit and proper person to be considered for membership of SOMWS*
* *they concur with your representation of your level of knowledge and experience as presented in this application*
* *to the best of their knowledge, your professional qualifications / licenses and previous employment history, as presented in this application, is correct*
* *they fully support and endorse your application for membership of SOMWS*

***Before putting their name forward, please ensure that your sponsor:**** *is fully aware of the obligations listed above*
* *has confirmed their agreement to sponsor your application*
* *agrees to SOMWS reserving the right to contact him / her in connection with this application, should SOMWS wish to do so*
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| **Sponsor** |
| Full Name: |  |
| SOMWS Membership Number: |  |
| e-mail Address: |  |
| Contact Telephone (including country code): |  |

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| **Notification of Products and Services**  |
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| SOMWS products and services are enjoyed by our members and customers globally. However if you do not wish to receive notification of products and services which may be of interest and benefit to you (by post or electronic means) please tick this box. |  |

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| **Data Protection**  |
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| Please note that by providing your data in this application form we will make use of this in relation to your membership, if awarded. If your application is not successful your data will be deleted. Members’ photos will be used for the purposes of an online search facility to enable a member’s status and qualifications to be verified by third parties.  Please see our privacy policy at [www.somws.org](https://linkprotect.cudasvc.com/url?a=http%3a%2f%2fwww.somws.org&c=E,1,wrA9qH-DXViKQOo7SdpBwFgM_tSVPdiP40vE4jmIixNuGfNOIAHk3cdT48_vfuqjKPHuqlC25iuvqk3qwTDd9zsU4CMSuBTqWh9YXTep3OD7P0T-6-PEJchtqg,,&typo=0) for full details. |

I hereby certify that the information contained in this application for full membership of the Society of Offshore Marine Warranty Surveyors (SOMWS) is true and correct. I understand that any untrue information or untrue statement(s) made in the application for full membership will be sufficient cause for rejection of my application.

I hereby give my permission for SOMWS to contact my sponsor, present and former employers and other relevant parties as SOMWS may deem necessary to support its evaluation of my application for 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