



KENYA MARITIME AUTHORITY
Maritime Training Students Database Form

Name of student				
Student Admission No				
Email Address				
Phone No				
Kenya Passport No		Kenya ID no		
Date of Birth				
Gender				
TRAINING COURSE DETAILS				
Training Institution				
Course Name				
Date of Enrollment				
Course Duration				
SEAFARER MEDICAL CERTIFICATE DETAILS				
Certificate No				
Date of Issue		Date of Expiry		
STCW ANCILLIARY COURSES DETAILS (if available)				
	Name of Certificate	Issuing Authority	Date of Issue	Date of Expiry
1				
2				
3				
4				
5				
6				
7				
8				
DETAILS OF INDUSTRIAL TRAINING (if any)				
Place of Industrial training				
Duration of industrial training				
SHIPBOARD CADETSHIP TRAINING (if any)				
Name of ship		Ship type	Rank	
Sign On date		Sign off date		

NOTE: this form is to be filled by only Kenyan students undertaking seafarers training programs in an approved maritime training institutions.