

**THE SCOTTISH WHITE FISH PRODUCERS ASSOCIATION LIMITED**

**5 DAY WATCHKEEPING COURSE**

**THIS PART TO BE COMPLETED BY APPLICANT**

**Surname:…………………………………………………………………………………**

**Christian Name(s):…………………………………………………………………………………………………**

**Address:………………………………………………………………………………………………………………..**

 **………………………………………………………………………………………………………………….**

**DOB:……………………………………………………………..**

**Week Course Commences:………………………………………………………………………………………**

**Signature:………………………………………………………………………………………….**

**THIS PART TO BE COMPLETED BY THE SKIPPER OF MEMBER VESSEL**

**THIS IS TO CERTIFY THAT……………………………………………………………………..(Applicant’s Name)**

**IS A MEMBER OF THE CREW OR IS JOINING MFV…………………………………………………………………….**

**REG NO……………………………………….AND AS SUCH IS ELIGIBLE FOR FINANCIAL ASSISTANCE FOR THE ABOVE COURSE.**

**Signature:……………………………………………………………… Date:…………………………………………**

**THIS PART TO BE COMPLETED BY NEFTA**

**THIS IS TO CERTIFY THAT……………………………………………………………….(Applicant’s Name)**

**HAS ENROLLED FOR THE ABOVE COURSE.**

**Please return to NEFTA once completed**