

**THE SCOTTISH WHITE FISH PRODUCERS ASSOCIATION LIMITED**

**THIS PART TO BE COMPLETED BY THE APPLICANT**

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

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

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

 **………………………………………………………………………………………………………………………………**

**DOB: ……………………………………………….**

**Course Attending (please circle): Fire Fighting Sea Survival First Aid Health & Safety**

**Date Course Commences: …………………………………………………………………………**

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

**FOR GRANT PAYMENT – PLEASE PROVIDE BANK DETAILS:**

**NAME OF BANK:…………………………………………………………………**

**ACCOUNT NO:…………………………………………**

**SORT CODE:………………………………………**

**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.**

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

**Please return to NEFTA once completed**