

Consent on the General Use and Sharing of Personal Data Form

In compliance with the Data Privacy Act and in accordance with Blue Manila, Inc.'s (BMI) Data Privacy Notice, I hereby give my consent to BMI to collect, treat, utilize, process, store, secure, disclose and

dispose my personal information such as: (as checked ☒ in the box below)

- ☐ 1. Those contained in my duly filled up Blue Manila, Inc.'s "Crew Bio-Data Form
- ☐ 2. Those filed and stored in Blue Manila, Inc.'s database
- ☐ 3. Employment information (sea service, contract details-wages, length of contract)
- ☐ 4. Performance evaluation reports from previous sea service
- ☐ 5. Details of Government issued identifications (SSS, TIN, Philhealth, Pag-Ibig, POEA E-Registration No., etc.)
- ☐ 6. Pre-Employment Medical Examination (PEME) reports
- ☐ 7. Copies of employment, training and other certificates submitted to the company
- ☐ 8. Evaluation and Examination results
- ☐ 9. Financial information (bank accounts; allotment & allottees' details)
- ☐ 10. Photos of company related / crew on board activities where I am a part of.

as required and appropriate to my request for job application and/or employment to:

- ☐ 1. POEA accredited Principals, their vessels, agents and related third parties
- ☐ 2. Prospective Principals
- ☐ 3. Issuing Authorities such as embassies, flag state authorities and their representatives, other government agencies;
- ☐ 4. Airline and travel agencies
- ☐ 5. External service providers and suppliers
- ☐ 6. Other third parties where there is legitimate reason to do so, such as but not limited to :
 - ☐ 6.1 other manning agencies conducting employment verification of Ex BMI seafarers
 - ☐ 6.2 banks / other financial institutions handling seaman's loans

My Rights

I understand that I have the rights under the law to be informed; data portability to access and/or request a copy of any of my personal data; to object; to correct; to request to delete some or all of my personal data in accordance with the company's procedure.

I hereby confirm that I have read and understood the attached :

"BLUE MANILA, INC.'s DATA PRIVACY NOTICE."

CONFORME:

Print Name and Signature

Date: _____



Crew Bio-Data

Position Applied For:

Alternative Position:

Applied Through: Job Fair _____ Walk-In _____ POEA List _____ Referred by: _____
On-line _____ Others _____ Relationship: _____

Personal Details:

Crew Name:

Last Name

First Name

Middle Name

Date of Birth: _____ Age: _____ Place of Birth: _____ Nationality: _____

Contact Address:

Tel. #: _____ Mobile # 1: _____ Mobile # 2: _____ E-mail: _____

Permanent Address:

Messenger : _____ Whats App : _____ Viber : _____

Tel. # _____ Mobile # 1: _____ Mobile # 2 _____

Marital Status: _____ Marriage Date: _____ No. of Children: _____

Wife's Name: Date of Birth:

Last Name

First Name

Middle Name

Mother's Name: Father's Name:

Person to contact in case of emergency: Relationship:

Contact Address: Contact #:

Educational Background (Please do not abbreviate)

College Course or Highest Educational Attainment:

School/University:

Year Completed:

List down details of your National Licenses : COC, COP, GOC, TESDA, NC

Level	Capacity	Certificate Number	Date Issued	Valid Until
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Cert. of Competency or Proficiency

Cert. of Competency or Proficiency

Certificate of Endorsement

GOC

National Certificate

Seaman's Record Book

E-Registration Number

Passport

Others

STCW and Other Training Courses

Training Title	COP Number	Issuance Date	Other Trainings (Pls Check <input checked="" type="checkbox"/> Y/N)	Y	N	Date Issued
Basic Training			MLC (Deck/Eng)			
Proficiency in Survival Craft & Rescue boat			MARPOL 1-6			
Advanced Training in Fire Fighting			ROPA			
Medical First Aid			Welding Course			
Medical Care			Crane Operator Course			
SSA with SDS			High Voltage Course			
SSO			Anti Piracy Training			
Basic Training on Oil & Chemical Tanker			Culinary Training			
Advanced Training for Chemical Tanker			ECDIS			
Advanced Training for Oil Tanker			SSBT (Deck) / ERSC (Engine)			

Foreign Licenses/Visas & Others (i.e.: Cyprus, UK, Dutch, Seaman's Book & Licenses & etc.)

Document Type	Issuing Country	Number	Date Issued	Valid Until
US Visa				
Schengen Visa				
Others:				

Vaccinations:	Validity Period	Medical/Clinics	Validity Period
Yellow Fever : _____	LIFE TIME () Yes () No		

Working Clothes Issuance Details:

Height : _____ Weight : _____ Pants Size : _____ Coverall : _____ Shoe size : _____

[illegible][illegible]

Crew Signature Over Printed Name

Date / Time

Name : _____ Rank : _____

Last Name First Name Middle Name

Please write down the company name and the contact person/s from your last 3 employers:

Company / Manning Agency	Contact Person /Contact Number	Remarks

General Information :

- Nationalities of officers and ratings you have previously sailed with : _____
- Trade routes of previous vessels : _____
- Reasons you are not returning to your last agencies / companies :

Name of Employer/Agency	Last Wages	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
- Previous Work Experience other than shipboard:
 Company : _____ Position : _____ From : _____ To : _____
 Job Description : _____
 Reason for Leaving : _____

For Tanker Experienced Applicants

In relevance to your experience , please indicate if you are familiar with the following equipments or procedures .

- Experience in Framo pumps : _____
- USCG/Oil Company Inspections : _____
- Closed Loading : _____
- For Deck Officers /Ratings :
 Do you have experience in cargo tank cleaning operations ? _____
 Cargo Stripping or Topping-up operations? _____

MEDICAL and HEALTH History – Has applicant suffered from, been diagnosed , sought advice or treatment from a medical doctor on the following conditions . Please check mark (/) in the appropriate box ☐

Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Problem/Deafness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Schistosomiasis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Elevated Uric Acid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hernia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexually Transmitted Diseases	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eye problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hypertension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin Diseases	Yes <input type="checkbox"/> No <input type="checkbox"/>
Back injury/Back/ joint pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fainting Spells, Fits, Seizures or other Neurological Disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insomnia or sleep disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stomach Problems or Ulcer,Gastritis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood Disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Frequent Dizziness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Kidney or Bladder Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgical Operations If yes, specify type of surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cancer or Tumor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Frequent Headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lung Disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tropical Diseases (e.g.malaria , typhoid,specify date	Yes <input type="checkbox"/> No <input type="checkbox"/>
Color Blindness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Goiter or other endocrine disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nose and Throat Disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression , other mental disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Head or neck injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pneumonia	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Diabetes Mellitus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart Disease or Chest Pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rheumatic Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PREVIOUS HOSPITALIZATION(S) OPERATIONS

- Have you been repatriated due to illness or accident? Yes ☐ No ☐ If Yes, please narrate circumstances/date occurred : _____
- Have you visited a hospital or consulted a doctor for the last 12 months Yes ☐ No ☐ If Yes, pls specify the reason/illness _____
- Have you ever been declared unfit for sea duty? Yes ☐ No ☐
- Has your medical certificate ever been restricted or revoked? Yes ☐ No ☐
- Are you aware that you have any medical problems. Disease or illness Yes ☐ No ☐
- Do you feel healthy and fit to perform the duties or your designated position Yes ☐ No ☐
- Are you taking any non-prescription or prescription medication Yes ☐ No ☐
 If yes, please list the medication (s) taken/being taken and the purposes and dosage(s): _____

I HEREBY CERTIFY that the above information are true and correct to the best of my knowledge.

Crew Signature Over Printed Name /Date