

Annex A

Short Course Trainer /Assessor CV

1. Trainer/Assessor details

Please tick one: ☐ Trainer ☐ Assessor ☐ Trainer **and** Assessor

First and Last Name	
Name of Training Provider	
Name of the Course	
Training Provider's Email	
Training Provider's Phone No.	

2. Academic/professional qualifications*

[illegible]

* Evidence will be verified during on-site audit

3. Previous experience at sea and ashore

[illegible]

4. Teaching experience

Name of the Organisation (College/University)	Dates From/To

5. Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date

Privacy Notice

Personal information which you supply to us will be used to assess your suitability to act as an trainer or assessor delivering an MCA approved training course or programme but may also be used for other related purposes and shared with other statutory bodies/organisations to enable them to fulfil their statutory obligations. We will not disclose any financial details you provide to us.

We may use your information to investigate complaints, legal claims, or important incidents. We may use your information for crime prevention and prosecution of offenders.

For more information on how we use your information, and your rights to access information we hold on you, please see our full privacy policy available on our website:

<https://www.gov.uk/government/organisations/maritime-and-coastguard-agency/about/personal-information-charter>

**Once completed, please email this back to the MCA email address
that requested this form from you**