

Personal details

Name of person covered	Plan number (if known)
Date of birth / /	Date of application / / (if applicable)

Does your occupation involve going to sea, or is it likely to do so in the future?

No
You do not need to fill in the rest of this questionnaire but please sign it and send it back to us

Yes
Please fill in the rest of this questionnaire

What is the length of the vessel you work on?

less than 24m (80ft)
 between 24m and 40m (80ft – 130ft)
 more than 40m (130ft)

Which of the following occupations best describes your duties?

<input type="checkbox"/> Bosun (third hand)	<input type="checkbox"/> Mate (second hand)
<input type="checkbox"/> Cook	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Deckhand	<input type="checkbox"/> Officer
<input type="checkbox"/> Engineer	<input type="checkbox"/> Radio officer
<input type="checkbox"/> Fireman	<input type="checkbox"/> Skipper
<input type="checkbox"/> Fisherman	<input type="checkbox"/> Spare hand
<input type="checkbox"/> Gally hand	<input type="checkbox"/> Trainee deckhand
<input type="checkbox"/> Greaser	<input type="checkbox"/> Trainee fisherman
<input type="checkbox"/> Other (please give details)	

Have you had any accidents or illnesses associated with your work?

No
 Yes (please give details)

Offshore fishing questionnaire

Declaration

I declare that:

- the answers above are true to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- this questionnaire will form part of the application to Bright Grey
- the contract may be invalidated if I do not disclose any important information that is known to me.

Signature

Date

/ /

Please return this form to:

Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG