



ASDA TRAINEE / CADET REGISTRATION FORM

Personal Information

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Nationality: _____
- Contact Address: _____
- Email: _____
- Phone: _____

Academic & Maritime Background

- Highest Qualification: _____
- Maritime Training Experience? (Yes/No)
- If Yes, Details: _____

Program of Interest

- Deck Cadet Program
- Engine Cadet Program
- Marine Engineering
- Maritime Safety Training
- STCW Mandatory Courses
- Rating Programs
- Other: _____

Country Preference for Training

- Africa
Preferred Country (optional): _____
- Asia
Preferred Country (optional): _____
- Europe
Preferred Country (optional): _____
- North America
Preferred Country (optional): _____
- South America
Preferred Country (optional): _____
- Oceania
Preferred Country (optional): _____
- Other (specify)
Country/Region: _____

Additional Information

- Why join ASDA training program?
- Financial Sponsorship Required? (Yes/No)

Declaration _____ I declare the information provided is true. Admission is subject to ASDA screening and requirements.”

Signature / Date