

Blue World Synergy .

Freelancer application form

Thank you for your interest in collaborating with Blue World Synergy S.r.l. . Please fill out this form completely and accurately. All information provided will be treated confidentially in accordance with our Privacy Policy.

This document should be signed and sent in PDF, and to the following email:

blueworldsynergysrl@gmail.com

Section 1: Personal & Logistical Information

Full Name (as on passport):	
Nationality:	
Country of Residence:	
Primary Email Address:	
Phone Number (with code):	
Home Airport (for travel):	
Home Train Station (optional):	

Section 2: Emergency Contact (Next of Kin)

Full Name of Contact:	
Relationship to You:	
Contact Phone Number:	

Section 3: Professional Profile & Rates

Primary Expertise (check all that apply):

- Marine Mammal Observer (MMO)
- Passive Acoustic Monitoring (PAM) Operator
- Protected Species Observer (PSO)
- Fisheries Liaison Officer (FLO)

Years of Experience: _____

Commercial Rates (EURO):

- Full Day Rate (Offshore): _____
 - Standby / Weather Day Rate: _____
 - Travel / Mob-Demob Day Rate: _____
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Section 4: Recent Project History

(List your most relevant projects. This gives us the best overview of your experience.)

Year	Client	Country / Region	Survey Type / Operation	Vessel	Position

Section 5: Training & Qualifications

(Please attach copies of all valid certificates)

Type of Certificate	Issuing Body	Expiry Date
Offshore Survival (BOSIET/FOET)		
Offshore Medical (OGUK, etc.)		
JNCC MMO		
JNCC PAM		
ACCOBAMS MMO/PAM		
Seaman's Book		
Others		

Section 6: Personal Professional Equipment

(Please check the equipment you personally own and can bring to a project)

- Basic Personal Protective Equipment (PPE) (e.g., hard hat, safety boots, coverall)
- Marine Binoculars
- Digital Camera (suitable for sighting photography)

Section 7: Administrative & Financial Details

Passport Number:	
Passport Expiry Date:	
Valid Visas (e.g., US B1/OCS):	
VAT / Business Registration Number: <i>(Provide the number used for B2B invoicing)</i>	
National ID / Tax ID Number:	
Bank Account Holder Name:	
IBAN:	
SWIFT / BIC Code:	
Bank Name & Address:	

Section 8: Professional References (if you have it)

Reference 1 Name & Company:	
Contact Email / Phone:	
Reference 2 Name & Company:	
Contact Email / Phone:	

Section 9: Insurance Requirements

Personal Insurance: Do you have valid international health and travel insurance that covers medical emergencies, medical evacuation, and personal accidents for the entire duration and in the geographical area of the project?

You will be required to provide a copy of your insurance certificate before mobilization.

Section 10: Declaration & Final Checklist

I hereby declare that the information provided is true and accurate to the best of my knowledge.

Please ensure you have submitted ALL of the following:

- This completed Application Form
- Signed BWS Consent Form
- Curriculum Vitae (CV)
- Scan of all relevant certificates
- Scan of your passport photo page

Date: _____ Signature: _____