



SHIP SAFE TRAINING GROUP LTD

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training@sstg.org
www.sstg.org

Progress Report Form

To be completed and returned to SSTG at the end of each College Phase and each sea training voyage - leave any sections blank if Not Applicable.

Section 1: General Information

Initials:	Surname:
SSTG Trainee Number:	Sponsoring Company:

Section 2: College Attendance

Please include details, including the date, subject, result and certificate number of all short course qualifications achieved.

Date:	Subject:	Result:	Certificate No:

Section 3: Sea Service Completed

Name Of Vessel:			
Full Name of DSTO:			
Date Joined:		Date Left:	
Please confirm that you have been issued with a testimonial for the full period served (this may be on more than one form where you have served under more than one Master) and complete the number of days Watch Keeping Completed:			Watchkeeping Days Completed: _____

Section 4: Additional Comments

Please enter any additional comments:	
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Section 5: Signature & Completion Date

On completion of this form, please sign and date and return to the SSTG.

Signed: _____

Date: _____