



日本サバイバルトレーニングセンター

NSTC Nippon Survival Training Center

Joining Instructions for STCW BST/BSTR

Thank you very much for applying to Nippon Survival Training Center (NSTC)

Please read this Joining Instructions carefully before joining the training.

◆ Registration

The training activities may include physically demanding and potentially stressful elements. Please fill out the “Statement of Physical Fitness” and “Health self-declaration form and consent form”, submit the PDF data via email **at least 15 days before the training** in order to ensure your good health. (There is no need to submit the original. Please keep it until the end of the training.)

*Note 1: If the procedure cannot be confirmed by 15 days before the start of training, according to our cancellation policy, **the training will be canceled and a cancellation fee will be charged.**

*Note 2: Please keep yourself in good health for the training day. Also, drugs and alcohol are prohibited.

*Note 3: Please be sure to contact us if there are any changes to your declared health status (injury or illness) after submitting the documents.

◆ What to Bring

• **Photo ID**

(My number card, Passport, Driver's license, Mariner's pocket ledger, residence card, etc.)

※Non-Japanese: passport only

• Note pad & pen

• **Swimwear** (For those participating in pool training) and eyeglasses and contact lens care set (contact lens solution and case, etc.).

• Motion sickness medicine if you experience seasickness (for lifeboat training)

◆ Clothes, belongings

• Delegates are required to wear **comfortable and suitable clothing** for the training.

• Short pants, skirts, sleeveless tops, sandals and beach sandals are not allowed due to safety concerns

• For your safety, **accessories are not allowed** during the training.

• For your safety, please **remove your contact lenses** before participating in training at the pool

due to the loss and/or the possibility of infection.

(Please bring your glasses so that you'll be able to have clear visibility for pool-side explanation.)

◆ Provided

- Personal Protective Equipment (Helmet, gloves, etc.), shower towels, coveralls, boots, etc.
- Lunch (Provided a lunch box)
- Refreshments such as water, tea, coffee, etc.

◆ Registration

Please arrive at the center floor of the Nippon Suisan Building on the 4th floor at least 10 minutes before the reception time listed on the timetable.

If there is any chance that you'll be late, please call **093-884-2020**.

* The registration room will be opened 30 minutes before the start.

◆ Late Arrival Policy

A certificate of completion may not be issued to those who arrive late.

•NSTC will provide transportation to the firefighting training facility, but you will be asked to take a taxi to the facility if you miss the departure time. Please note that you will be responsible for the actual transportation cost in that case.

◆ Use of parking lot

A parking permit is required to use the parking lot.

For parking lot usage, please email [delegate name] [training name] [training date] [car model/number] and let us know in advance.

*If you are using a rental car, [car model/number] is not required, but please write [rental car].

◆ Training cancellation

Training may be canceled due to natural disasters (including infectious diseases).

In that case, [the cancellation of the training will be announced on the news on the NSTC website by 7:00 a.m. on the day of the training.](#)

If you determine that holding the training on that day is in doubt, please check the website on the morning of the training day

For those who have not completed the training due to the above reasons, please reschedule the training at a later date planned by NSTC. If you are unable to make up the course, we will refund the course-fee. However, expenses other than the tuition fee (travel expenses, accommodation expenses, etc.) will not be refunded.

(Website News Article QR code)



◆Contents of Training

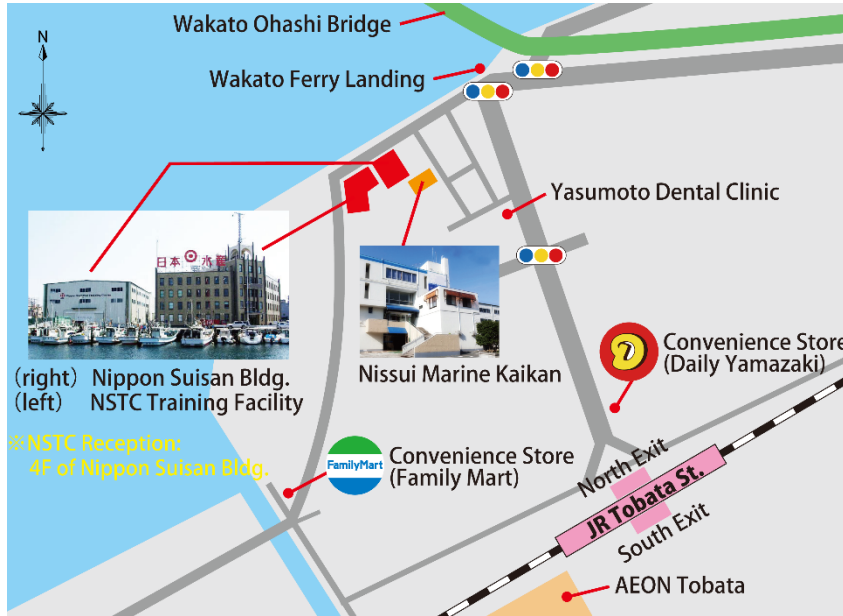
The training includes the following content, make sure you are in a suitable state of health to participate in the training.

訓練内容		STCW BST	STCW Refresher
Proficiency in Personal Survival Techniques	During offshore survival training, delegates will train in a heated pool while wearing life vests and immersion suits. The training includes entering the water from a height of about 1 meter, righting the life raft, getting on the life raft, ensuring buoyancy without a life jacket, and responding to drifting underwater. Delegates participate in the embarkation of a lifeboat quay-side at our Lifeboat Facility. The lifeboat is an enclosed space.	○	○
Emergency First Aid	Delegates will be trained in cardiopulmonary resuscitation on a training mannequin-and the use of an AED.	○	
Fire Prevention and Fire Fighting	Delegates will extinguish small to medium-sized training flames using a variety of portable fire extinguishers and hoses and nozzles. The maximum weight of portable fire extinguishing equipment is approximately 21 kg. The rescue training includes extinguishing fires in the dark using self-contained breathing apparatus and rescue (transportation) using on a training mannequin	○	○

◆Directions

Address : Nippon Suisan Bldg. 4F, 2-6-27Ginza, Tobata-ku, Kitakyushu-shi, Fukuoka-ken, Japan
804-0076 (approx.10 minute walk from JR Tobata Station, North Exit)

TEL : 093-884-2020 (8:00~17:00 weekdays) Mail: book@n-s-t-c.com



By Airplane

[From Fukuoka Airport]

Fukuoka A.P. → Hakata St. (Subway) App. 10min
Hakata St. → Tobata St. (JR Limited Express train)
App. 40min
(JR Rapid Train) App. 60min

[From Kitakyushu Airport]

Kitakyushu A.P. → Kusami St. (Bus) App. 20min
Kusami St. → Nishi-Kokura St. → Tobata St.
(JR Local Train) App. 25min

OR

Kitakyushu A.P. → Kokura St. (Bus) App. 35min
Kokura St. → Tobata St. (JR Local Train) App. 10min

By Shinkansen (Bullet Train)

Get off Shinkansen at JR Kokura St.
Kokura St. → Tobata St. (JR Local Train) App. 10min

By Car

App. 5~10min from Tobata IC by Car

◆ Handling of personal information

Nippon Survival Training Center (NSTC) will handle and protect the personal information of those who apply training as follows. Please agree before applying.

1. Purpose of use of personal information

Name, address, telephone number, gender, and other personal information provided by the customer (hereinafter referred to as "Personal Information, etc.") will be used for the purpose of providing training, and will not be used beyond the scope of the purpose without the customer's consent.

2. Regarding provision of personal information to third parties

We will provide personal information, etc. to the following third parties. The third party will use the personal information within the scope of the purpose.

- Training certification body
- Insurance company
- Customer's affiliated company
- Medical institution (in case of emergency)

3. Regarding disclosure of personal information, etc.

If we receive a request to disclose, change, or delete personal information, etc., we will respond promptly after confirming the identity of the customer

Delegate's form

Statement of Physical Fitness

Delegate's information										
Course Title										
Course date	20	Y	M	D	~	M	D			
Company name										
Name						Gender	M	F		
Date of Birth	Y	M	D	Blood type			A · B · O · AB · unknown			
Height	cm	Weight		Kg	Shoes		cm			
Phone	—	—	WINDA ID(10digits)			※GWO delegate only				
質問				NO	YES	If 「YES」 in detail				
Have had epilepsy, seizures, fainting, or "black out"										
Have experienced chest pain										
Feeling uncomfortable in your spine or joints (dislocation, knee pain, lower back pain, etc.)										
Assigned to light work due to health condition										
Have allergies to medicines, foods, etc.										
Wearing glasses or contact lenses						<input type="checkbox"/> glasses <input type="checkbox"/> contacts				
Your ears become sensitive underwater. Or if you have ever had an abnormality in your ears while underwater.										
Fear of heights, enclosed spaces, and water						<input type="checkbox"/> heights <input type="checkbox"/> closed spaces <input type="checkbox"/> Water				
Not very good at swimming						<input type="checkbox"/> can't swim				
Have physical or mental symptoms other than those asked above that may affect your ability to participate in training.										
Have concerns about joining the training.										
Indicate if you have been hospitalized or had any surgical treatment within the past 12 months.										
Previous medical history										
Current medical history ※If you are taking medication, enter the name of the medication.										

Health self-declaration form and consent form

The following conditions may pose a life-threatening risk to participating in training:
Asthma and other respiratory diseases
Epilepsy, fainting, and other similar conditions
Angina pectoris and other heart diseases
Dizziness and other inner ear disturbances (difficulty of equilibrium, etc.)
Claustrophobia, acrophobia (Fear of closed spaces and/or High Places)
Blood pressure disorders
Diabetes
Pacemaker or implantable defibrillator
Arthritis, osteoarthritis, and other muscular and bone disorders that limit movement
History of allergies (e.g. stings or bites by bees, wasps, spiders, etc.)
Under surgical intervention/Hospitalization now or recently
Other health conditions that may be affected by physical stresses due to climbing

I understand that the above conditions are health conditions which may pose life-threatening risks during training and declare here that I am of a healthy body and that I can participate in the training at my own risk. Our center will not be liable for any illnesses incurred during or after training.

Please check () and sign after confirming the following items.

Check	Please be sure to read the Joining Instructions before attending the training.
<input type="checkbox"/>	I have read the Joining Instructions and agree to the handling of personal information and cancellation of the training.
<input type="checkbox"/>	I agree that if I do not participate in the practical part of this training by my own choice, the certificate of completion of the training will not be awarded.
<input type="checkbox"/>	If I have any doubts about my health condition during the training course, I agree to stop training and seek medical advice. *We may refuse your participation in some cases.
<input type="checkbox"/>	I agree to follow the instructions of the instructor during the training period and not to interfere with the progress of the training.
<input type="checkbox"/>	For your safety, keep nails cut short. If you have long nails, remove them before coming.
<input type="checkbox"/>	Accessories must be removed during the practical . Wearing accessories is not permitted.

Note 1 :If your health status has changed since the time of submission, please contact us immediately. Please note that depending on the situation, it may be cancelled.

Note2: The training includes some activities that involve contact or physical close contact closeness between staff and delegates.

Date: 20 Y Y M D

Signature _____