



STELLENBOSCH ACADEMY
OF DESIGN & PHOTOGRAPHY

CRUISE SHIP PHOTOGRAPHY TRAINING SHORT COURSE

**LEARN PHOTOGRAPHY | TRAVEL THE WORLD | EARN DOLLARS
MEET DIFFERENT PEOPLE | EXPERIENCE OF A LIFETIME!**

WHAT IS THIS COURSE ABOUT?

ARE YOU LOOKING FOR A LIFE CHANGING AND ADVENTUROUS EXPERIENCE? ARE YOU PASSIONATE ABOUT PHOTOGRAPHY? DO YOU HAVE A FRIENDLY, OUTGOING AND DYNAMIC PERSONALITY? DO YOU HAVE ANY SALES OR CUSTOMER SERVICE EXPERIENCE? DO YOU HAVE A POSITIVE OUTLOOK ON LIFE? WE ARE WORKING WITH SOME OF THE WORLDS LEADING CRUISE LINES, AS WELL AS SOUTH AFRICAN BASED RECRUITMENT COMPANIES TO BETTER YOUR CHANCES ON A PHOTOGRAPHIC CAREER AT SEA! THE COURSE IS DESIGNED ACCORDING TO THEIR TECHNICAL STANDARDS AND THE ONLY SOUTH AFRICAN TRAINING CERTIFICATE ACCEPTED BY THE CRUISE SHIP PHOTOGRAPHIC INDUSTRY.

REQUIREMENTS TO APPLY:

A KEEN INTEREST IN PHOTOGRAPHY | AGE GROUP 21-35; | FLUENT IN ENGLISH; | EXCELLENT COMMUNICATION SKILLS; | SALES / CUSTOMER SERVICE EXPERIENCE; | HEALTHY. APPLICANTS WITH SERIOUS HEALTH CONCERNS WILL UNFORTUNATELY NOT PASS THEIR MEDICAL. | NO VISIBLE TATTOOS (SOME EXCEPTIONS APPLY); | NO CRIMINAL RECORD; | VALID HOLDER OF A PERMANENT SOUTH AFRICAN PASSPORT (SOME EXCEPTIONS APPLY FOR APPLICANTS FROM SOUTHERN AFRICAN COUNTRIES. UNFORTUNATELY ONLY ZIMBABWEANS WITH SUFFICIENT PHOTOGRAPHY EXPERIENCE WILL BE ACCEPTED, DUE TO VISA REGULATIONS. NO TEMPORARY OR STUDENT VISAS).

YOU WILL NEED SUFFICIENT FUNDS TO PAY FOR:

COURSE FEES (ON NEXT PAGE), | TRAVELLING AND ACCOMMODATION COSTS (FOR THE TRAINING), | FINAL FULL MEDICAL EXAMINATION @ R4000-R5000, | DENTAL EXAMINATION AND CERTIFICATE; | VISA @ +/- R2000 | CRIMINAL CLEARANCE @ +/- R150 | SEAMANS BOOK @ +/- R700 SOME CRUISE LINES REQUIRE YOU TO PROVIDE YOUR OWN CAMERA EQUIPMENT.

IF YOUR PROFILE MEETS THE ABOVE REQUIREMENTS; YOU CAN GO THROUGH THE APPLICATION PROCESS AND REPLY TO THIS MAIL WITH THE FOLLOWING ATTACHMENTS:

1. APPLICATION FORM (SAVE THE DOCUMENT AS: YOUR NAME & SURNAME; TO EDIT GO TO TOOLS AND ADD OR EDIT TEXT BOX)
2. MEDICAL SCREENING (SAVE THE DOCUMENT AS: MEDICAL + YOUR NAME & SURNAME. NO NEED TO GET A DOCTOR TO SIGN IT AT THIS STAGE)
3. A RECENT FULL LENGTH PHOTOGRAPH OF YOURSELF IN JPEG FORMAT;
4. MOTIVATION LETTER (STATING WHY YOU SHOULD BE CONSIDERED FOR THIS APPLICATION)
5. CURRENT CV (WITH CERTIFIED COPIES OF YOUR DEGREE, DIPLOMA, CERTIFICATES)
6. COPY OF YOUR PASSPORT (IF YOU HAVE ONE)
7. LINK TO PORTFOLIO (IF YOU HAVE PHOTOGRAPHY EXPERIENCE)

YOUR APPLICATION WILL BE CAREFULLY ASSESSED ONCE WE HAVE RECEIVED ALL OF THE ABOVE DOCUMENTS. SUCCESSFUL APPLICANTS WILL BE CONTACTED FOR AN INTERVIEW WITHIN 5 WORKING DAYS. ALL APPLICANTS MUST GO THROUGH THE FULL APPLICATION PROCESS IN ORDER TO BE ACCEPTED ON THE TRAINING PROGRAM. ALL EQUIPMENT IS PROVIDED FOR THE TRAINING. YOUR LEVEL OF EXPERTISE WILL DETERMINE YOUR ENTRY POINT OF THE 3 WEEK FULL TIME TRAINING.

WE OFFER:

CRUISE SHIP 3-WEEK COURSE: COST R15 500.00

THIS INTENSIVE FULL TIME PHOTOGRAPHY COURSE IS CUSTOM DESIGNED FOR APPROVED APPLICANTS WITH NO PHOTOGRAPHY EXPERIENCE OR FORMAL TRAINING. APPLICANTS MUST HAVE A STRONG INTEREST IN PHOTOGRAPHY OR DO PHOTOGRAPHY AS A HOBBY. SALES OR CUSTOMER SERVICE EXPERIENCE WILL BE TO YOUR ADVANTAGE. THE FIRST WEEK YOU WILL LEARN PHOTOGRAPHY BASICS AND PHOTOSHOP WITH THE COMPREHENSIVE PHOTOGRAPHY COURSE. WEEK 2 AND 3 SPECIALIZES IN CRUISE SHIP PHOTOGRAPHY. THIS 2 WEEK COURSE WILL TRAIN YOU WITH THE EQUIPMENT, COMPOSITION AND APPROACH TO SUCCESSFULLY WORK AS A CRUISE SHIP PHOTOGRAPHER.

COMPREHENSIVE PHOTOGRAPHY: 1 WEEK | CRUISE SHIP PHOTOGRAPHY: 2 WEEK

CRUISE SHIP 2-WEEK COURSE: COST R10 500.00

THIS COURSE IS FOR APPROVED PHOTOGRAPHERS WITH CERTIFIED PHOTOGRAPHIC + PHOTOSHOP TRAINING AT AN ACCREDITED INSTITUTION. THIS INTENSIVE 2 WEEK COURSE WILL TRAIN YOU WITH THE EQUIPMENT, COMPOSITION AND APPROACH TO SUCCESSFULLY WORK AS A CRUISE SHIP PHOTOGRAPHER.

PLEASE JOIN AND LIKE OUR CRUISE SHIP PHOTOGRAPHY FACEBOOK PAGE FOR UPDATES ON PLACEMENTS, COURSE DATES AND PHOTOGRAPHS OF THE ONBOARD ACTION YOU CAN EXPERIENCE AS A CRUISE SHIP PHOTOGRAPHER.

[HTTP://WWW.FACEBOOK.COM/PAGES/CRUISE-SHIP-PHOTOGRAPHY/104272029637123](http://www.facebook.com/pages/cruise-ship-photography/104272029637123)

CRUISE SHIP PHOTOGRAPHY

COURSE DATES:

COURSE 1:

WEEK 1: 15 - 19 JANUARY

WEEK 2: 22 - 26 JANUARY

WEEK 3: 29 JAN - 2 FEBRUARY

COURSE 2:

WEEK 1: 19 - 23 FEBRUARY

WEEK 2: 26 FEB - 2 MARCH

WEEK 3: 5 - 9 MARCH

COURSE 3:

WEEK 1: 9 - 13 APRIL

WEEK 2: 16 - 20 APRIL

WEEK 3: 23 - 27 APRIL

COURSE 4:

WEEK 1: 14 - 18 MAY

WEEK 2: 21 - 25 MAY

WEEK 3: 28 MAY - 1 JUNE

COURSE 5:

WEEK 1: 16 - 20 JULY

WEEK 2: 23 - 27 JULY

WEEK 3: 30 JULY - 3 AUGUST

COURSE 6:

WEEK 1: 13 - 17 AUGUST

WEEK 2: 20 - 24 AUGUST

WEEK 3: 27 - 31 AUGUST

COURSE 7:

WEEK 1: 10 - 14 SEPTEMBER

WEEK 2: 17 - 21 SEPTEMBER

WEEK 3: 24 - 28 SEPTEMBER

COURSE 8:

WEEK 1: 8 - 12 OCTOBER

WEEK 2: 15 - 19 OCTOBER

WEEK 3: 20 - 26 OCTOBER

COURSE 9:

WEEK 1: 12 - 16 NOVEMBER

WEEK 2: 19 - 23 NOVEMBER

WEEK 3: 26 - 30 NOVEMBER



2. CRUISESHIP APPLICATION

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PLEASE COMPLETE THIS FORM AND ANSWER EVERY QUESTION, EVEN IF THE ANSWER IS 'NONE'.

PERSONAL DETAILS:

First/given name (as in passport)

Last/family name (as in passport)

E-mail Address

Mobile/Cell-phone number

Home telephone number

Skype Address (please use capitals)

Postal Address

Street and house/apartment number

Complex

Region/Province

Town

ZIP/Postal Code

Country

Home Airport

Where did you hear about us?

ID Number

Do you have sales experience?

Gender

Do you own a Camera? What?

Age

Do you have ear piercings?

Birthdate

Do you smoke?

Nationality place of Birth (city, country)

What is your BMI?

Do you have permanent residency in SA?

Calculate your BMI: <http://www.bmi-calculator.co.za/>

Marital Status

Do you have Tattoos? If so where?

Do you have a passport?

Passport valid from

Passport number

Passport valid to

Do you have a criminal record?

Have you ever been convicted of a felony? Convicted in the last 7 years? If yes, please explain below:

TRAINING AND EXPERIENCE

*please indicate your educational history starting with your most recent level of education or training

COMMENCEMENT DATE	UNIVERSITY/COLLEGE/TRAINING INSTITUTION	DEGREE/DIPLOMA/CERTIFICATE	DURATION & DATE COMPLETED

*please list any photography/ video qualifications or certificates you hold

COMMENCEMENT DATE	UNIVERSITY/COLLEGE/TRAINING INSTITUTION	DEGREE/DIPLOMA/CERTIFICATE	DURATION & DATE COMPLETED

Please provide details on your photography experience and include a list of the equipment you have worked with

Please provide details on any photography printing experience

Please provide details on any video filming and editing experience

Please provide details on any imaging manipulation software used (such as photoshop, lightroom etc.)

Please provide details on any sales or customer service

Please provide details on any experience you have had working in a team

Please provide any details on previous shipboard experience (including cruise line, department and dates)

EMPLOYMENT HISTORY

Present employer (or most recent employer if you are not currently employed)

Name: _____
Address: _____
Job Title: _____ When did you start this job? _____
Reason for leaving: _____ Present Monthly Salary: _____
How much leave do you have in order to do the training? _____
What is the required period of resignation notice? _____

EMPLOYMENT HISTORY CONTINUED (any previous employment or holiday work)

Name and Address of Employer:	From:	To:	Position held:	Reason for Leaving:

LANGUAGE SKILLS

	Fluent	Good	Basic	None
English				
French				
Italian				
Spanish				
German				
Portugeese				
Chinese Mandarin				
Chinese Cantonese				

REFERENCES

please give the details of two references (one of which must be your present or most recent employer)

1ST REFERENCE

Name: _____
Position held and Relationship: _____
Company/Organisation: _____
Address: _____
E-mail: _____ Telephone: _____

2ND REFERENCE

Name: _____
Position held and Relationship: _____
Company/Organisation: _____
Address: _____
E-mail: _____ Telephone: _____

I, _____ certify that to the best of my knowlede, the information given on this form is correct

Full name: _____

Date: _____



FIRST NAME:	LAST NAME:	GENDER:	DOB:
CONTACT NO:	E-MAIL:	AGE:	
CITY OF RESIDENCE:	COUNTRY OF RESIDENCE:	PASSPORT NO:	

DO YOU HAVE OR EVER HAVE ANY OF THE FOLLOWING CONDITIONS:

DO YOU HAVE OR EVER HAVE ANY OF THE FOLLOWING CONDITIONS:

	YES	NO
1. Frequent Ear Infections		
2. Hearing Loss / Hearing aids		
3. Glaucoma		
4. Conjunctivitis		
5. Do you wear glasses / contact lenses		
6. Eye injury / Eye Problems		
7. Frequent Colds / Sinus Trouble		
8. Viral/Mononucleosis/Chicken Pox/ Measles/Mumps		
9. Nosebleed		
10. Frequent Sore Throat		
11. Swollen Glands		
12. Asthma or Wheezing		
13. Bronchitis		
14. Tuberculosis (TB)		
15. Pneumonia		
16. Coughing up Blood		
17. Shortness of Breath		
18. Rheumatic Fever		
19. Hepatitis: A 0 B 0 C 0		
20. High Blood Pressure		
21. Chest Pain		
22. Heart Attack / Angina / Irregular heart beat		
23. Poor Circulation / Varicose veins		
24. Other Heart Disease		
25. Stroke		
26. Abdominal Pain		
27. Gastritis / Reflux / Gastric or Duodenal Ulcer		
28. Frequent Diarrhea or Constipation		
29. Bleeding from Stomach or Bowels		
30. Jaundice / Gallbladder / Liver Problems		
31. Diabetes / Type I 0 II 0		
32. Hemorrhoids / rectal bleeding		
33. Urinary infection / blood in urine/ kidney stones		

	YES	NO
34. Prostate Disease (males)		
35. Hernias of any kind		
36. Syphilis / HIV / Gonorrhoea		
37. Breast Mass / Lumps /Tenderness		
38. Skin problems / Rashes		
39. Allergies/anaphylaxis (to environment, chemicals, food or drugs)		
40. Hand or Wrist Pain / Problem		
41. Joint Pains / Arthritis / Numbness in Extremities		
42. Sprains / Dislocations / Fractures		
43. Neck Pain/ Scoliosis / Cervical Injury		
44. Back pain / Injury / Sciatica		
45. Amputations, prosthetics		
46. Headaches/Dizziness/Loss of Consciousness/Migraines		
47. Head Injury or Concussion		
48. Seizures / Epilepsy / Receiving Medications for it		
49. Nervous Breakdown / Depression /Anxiety / Psychiatric		
50. Muscular Weakness		
51. Yellow Fever / Scarlet Fever / Malaria / Tropical Diseases		
52. Cancer or tumors		
53. Serious Accidents / Illness		
54. Thyroid Disease		
55. Have you ever been Hospitalized? For What?		
56. Have you had ANY type of surgery?		
57. Have you ever received a blood transfusion? Why?		
58. Are you taking ANY medications? What?		
59. Alternative Medicine or Treatment? What?		
60. Are you overweight? If yes, indicate your BMI below		
61. Do you drink alcohol? How much per day: ___ week: ___		
62. Do you smoke? If yes, how much per day? _____		
63. Any other medical conditions, not listed above		
FEMALES:		
64. Are you or do you think you are pregnant?		
65. Gynecological/Female problems?		



MEDICAL

FITNESS SCREENING FORM

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ALL "YES" RESPONSES ABOVE REQUIRE COMMENTS IN ENGLISH PLEASE

QUESTION NO: COMMENTS:

THE ABOVE INFO IS FOR OFFICE USE ONLY AND TO REVIEW IF ANY QUESTIONS WITH THE INITIAL APPLICATION. ALL INFO WILL BE KEPT PRIVATE AND CONFIDENTIAL. NO NEED TO HAVE THIS FORM SIGNED BY A DOCTOR. PLEASE BE HONEST.
