

Evaluation of foreign qualifications

Guidance and list of annexes

1. The application form must be completed and submitted to: the Danish Maritime Authority, Caspar Brands Plads 9, DK-4220 Korsør, Denmark or by e-mailing Dykkerbeviser@dma.dk

The Danish Maritime Authority normally responds in the form of an evaluation after one to two months. The evaluation will be delayed if we have to ask for further documentation, certified copies, etc. It is therefore important that you follow the documentation requirements set out below precisely. Please **number each annex** and write the numbers in the table below. **Do not use staples**, but paper clips are acceptable. If you have any **questions**, you can get answers at www.sofartsstyrelsen.dk or by contacting the Danish Maritime Authority on tel. +45 7219 6000 (Monday-Thursday 9-16, Friday 9-15.30) or by e-mailing sfs@dma.dk.

2. Certified copies of the following original documents must be enclosed with the application

	Annex no:
Diploma in original language	
List of grades/transcript/mark sheets or similar list of subjects passed in the original language . If such a list does not exist, please provide a description of the subjects you have passed.	
Translation of diploma	
Translation of list of grades/transcript/list of subjects passed	
Where appropriate deed poll certificate or marriage certificate	
Where appropriate previous evaluations	

3. Certified copies: All copies of original documents and of translations must be certified. In other words, an authority must stamp and sign every copy to certify that the copies match the documents presented as original documents. This endorsement certifies that it is not a question of copies of copies – possibly because it has been observed that the documents have been copied. The authenticity of the original documents is not taken into consideration here. The DANISH MARITIME AUTHORITY accepts endorsements made by a Danish authority (e.g. municipality, job centre or educational institution) *or* the institution/authority which issued the document *or* the embassy/consulate in Denmark for the country where the document was issued, *or* a Danish embassy/consulate. The DANISH MARITIME AUTHORITY reserves the right to request that the original documents be presented. If you submit original documents, you should send them by registered post. The DANISH MARITIME AUTHORITY always returns original documents by registered post.

4. Translations: Documents in Danish, Norwegian, Swedish and English do not need to be translated. Translations specified above in point 2 must be carried out or approved by a Danish state authorised translator *or* the embassy/consulate in Denmark for the country in which the original document was issued or the translation carried out, *or* a Danish embassy/consulate. Other translations may, however, be used if the DANISH MARITIME AUTHORITY approves this.

5. Copies of the following original documents must be enclosed as far as possible and may be required to be presented:

Annex no:

Diploma for the training programme giving access and translation of this diploma	
Curriculum, subject descriptions, etc., possibly with a translated summary of these	
Where appropriate summary of extensive written work/dissertation in Danish, Norwegian, Swedish or English.	
Where appropriate apprenticeship/placement contract and translation of this	

6. Any supplementary documentation:

Annex no:

Application for evaluation of foreign qualifications

Personal data

CPR NUMBER (IF NONE: DATE OF BIRTH)		NATIONALITY		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
FORENAME(S)			SURNAME		
PREVIOUS NAMES (ENCLOSE DEED POLL CERTIFICATE OR MARRIAGE CERTIFICATE)					
POSTAL ADDRESS (INCL. ANY C/O)			POSTCODE		TOWN OR CITY
TEL. PRIVATE	TEL. WORK	FAX		E-MAIL	

Organisation, institution, authority or employer submitting the application

Only complete the fields below if the application is submitted by someone other than the person with the training.

NAME OF CONTACT		NAME OF ORGANISATION/INSTITUTION/AUTHORITY/COMPANY			
POSTAL ADDRESS		POSTCODE		TOWN OR CITY	
TEL. PRIVATE	TEL. WORK	FAX		E-MAIL	

Purpose of the evaluation

This field must be completed.
Insert an X next to one purpose only (the most important).

- JOB APPLICATION
 ADMISSION TO UNEMPLOYMENT INSURANCE FUND
 FURTHER EDUCATION *)

*) Please contact the relevant educational institution if you want to know whether you satisfy the specific access requirements for a specific training programme or if you can obtain qualification credit for your previous training.

OTHER PURPOSE OR ADDITIONAL INFORMATION

HAVE YOU BEEN ACCEPTED TO STUDY AT A DANISH EDUCATIONAL INSTITUTION?	
<input type="checkbox"/> NO	
<input type="checkbox"/> YES → NAME OF INSTITUTION: _____ NAME OF PROGRAMME/COURSE: _____	
HAS YOUR TRAINING BEEN EVALUATED PREVIOUSLY?	
<input type="checkbox"/> NO <input type="checkbox"/> YES → A COPY OF ANY PREVIOUS EVALUATION(S) MUST BE ENCLOSED.	

Educational history

Compulsory education (the teaching you received between the ages of approx. 5-16 years)			
1	NAME OF SCHOOL		NAME OF LEAVING CERTIFICATE
	TOWN OR CITY	COUNTRY	YEAR BEGAN – YEAR FINISHED
2	NAME OF SCHOOL		NAME OF LEAVING CERTIFICATE
	TOWN OR CITY	COUNTRY	YEAR BEGAN – YEAR FINISHED

Further schooling (upper secondary school or other general education giving access to further education)			
NAME OF COLLEGE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		NAME OF LEAVING CERTIFICATE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET	
TOWN OR CITY	COUNTRY	YEAR BEGAN – YEAR FINISHED	

Vocational training (training for a particular profession and which can be begun immediately after completing compulsory education)			
NAME OF COLLEGE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		ADDRESS/WEBSITE/E-MAIL OF COLLEGE	
TOWN OR CITY	COUNTRY		
NAME OF LEAVING CERTIFICATE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		SUBJECT/SPECIALISM	
PROFESSIONAL TITLE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		TRANSLATION OF TITLE (NOT LEGALLY VALID)	
STATUS OF COLLEGE <input type="checkbox"/> STATE-RUN <input type="checkbox"/> PRIVATE AND ACCREDITED BY THE STATE <input type="checkbox"/> PRIVATE			
BEGUN – FINISHED MONTH YEAR MONTH YEAR		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
NORMAL DURATION OF TRAINING (THE OFFICIALLY SET DURATION, INCLUDING OBLIGATORY PLACEMENT) YEAR(S) AND MONTHS			
SPLIT BETWEEN THEORY AND PRACTICE THEORY: ___ MONTHS ___ WEEKS PRACTICAL INSTRUCTION/PRACTICAL EXERCISES: ___ MONTHS ___ WEEKS WORKPLACE PLACEMENT: ___ MONTHS ___ WEEKS			
WAS THE TRAINING COMPLETED WITH A MAJOR ASSIGNMENT/FINAL PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES → TITLE, SUBJECT AND NUMBER OF PAGES: _____			
ADDITIONAL INFORMATION			

Further education (studies that normally require upper secondary leaving certificate level or higher)			
1	NAME OF COLLEGE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		ADDRESS/WEBSITE/E-MAIL OF COLLEGE
	TOWN OR CITY	COUNTRY	
	NAME OF LEAVING CERTIFICATE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		SUBJECT/SPECIALISM
	TITLE/PROFESSIONAL DESIGNATION IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		TRANSLATION OF TITLE (NOT LEGALLY VALID)
	STATUS OF COLLEGE <input type="checkbox"/> STATE-RUN <input type="checkbox"/> PRIVATE AND ACCREDITED BY THE STATE <input type="checkbox"/> PRIVATE		
	BEGUN – FINISHED MONTH YEAR MONTH YEAR		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NORMAL DURATION OF TRAINING (THE OFFICIALLY SET DURATION, INCLUDING OBLIGATORY PLACEMENT) YEAR(S) AND MONTHS		
	WAS A PLACEMENT INCLUDED IN THE TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES → DURATION OF PLACEMENT: MONTHS WEEKS NAME OF PLACEMENT PROVIDER : _____		
	WAS THE TRAINING COMPLETED WITH A MAJOR ASSIGNMENT/FINAL PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES → TITLE: _____ NUMBER OF PAGES: _____ NORMAL TIME PERIOD: _____ MONTHS		
	ADDITIONAL INFORMATION		
2	NAME OF COLLEGE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		ADDRESS/WEBSITE/E-MAIL OF COLLEGE
	TOWN OR CITY	COUNTRY	
	NAME OF LEAVING CERTIFICATE IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		SUBJECT/SPECIALISM
	TITLE/PROFESSIONAL DESIGNATION IN ORIGINAL LANGUAGE USING ROMAN ALPHABET		TRANSLATION OF TITLE (NOT LEGALLY VALID)
	STATUS OF COLLEGE <input type="checkbox"/> STATE-RUN <input type="checkbox"/> PRIVATE AND ACCREDITED BY THE STATE <input type="checkbox"/> PRIVATE		
	BEGUN – FINISHED MONTH YEAR MONTH YEAR		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NORMAL DURATION OF TRAINING (THE OFFICIALLY SET DURATION, INCLUDING OBLIGATORY PLACEMENT) YEAR(S) AND MONTHS		
	WAS A PLACEMENT INCLUDED IN THE TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES → DURATION OF PLACEMENT: MONTHS WEEKS NAME OF PLACEMENT PROVIDER : _____		
	WAS THE TRAINING COMPLETED WITH A MAJOR ASSIGNMENT/FINAL PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES → TITLE: _____ NUMBER OF PAGES: _____ NORMAL TIME PERIOD: _____ MONTHS		
	ADDITIONAL INFORMATION		

Relevant professional experience

Professional experience is not included in the evaluation of your training, but you should provide information on relevant professional experience because this enables us to see whether and when you have used your training.

PERIOD OF EMPLOYMENT	WORK FUNCTIONS	EMPLOYER

Additional information

Other **factors of importance for the evaluation of your qualifications**, e.g. any study periods completed at another institution, qualification credit transferred from another institution, qualification credit given on the basis of professional experience, etc.

The DANISH MARITIME AUTHORITY reserves the **right to contact relevant educational institutions and authorities** in the country where the training was completed. If you find this problematic, please state why here:

Signature of person with training

The form must be signed by the person with the training, even when it is submitted by a third party.

I solemnly declare that the information I have provided in this application is true and that the enclosed documents are authentic and relate to me. I hereby give my consent to the DANISH MARITIME AUTHORITY carrying out an evaluation of my training.

DATE: SIGNATURE: