

CONTACT



GUSHALO KEA KAVULA



gushalokavula@gmail.com



0710561286



KENYAN

EXPERIENCE

2013 Upto Date

Self Employed Electrician

In charge of installing and repairing electrical wiring in buildings.

Installing circuit breakers and other electrical hardware and connect wiring to them.

Ensuring piping complies with electrical codes.

Installing conduits and pipes to house electrical wires and cables.

EDUCATION

2023 (July)

Kenya Maritime Authority

Certificate in STCW

Discharge book

SKILLS

Excellent standard technical electrician skills and safety knowledge .

Outstanding oral and written communication skills

Great team player

Proficient problem solving skill

LANGUAGES

English

Kiswahili

PERSONAL DETAILS

Date of Birth : 24/08/1988

Marital Status : Married

Nationality : Kenyan



Certificate No: 14039

REPUBLIC OF KENYA

SEAFARER MEDICAL CERTIFICATE

Issued under Regulation 6 of the Merchant Shipping (Seafarer Medical Examination and Certification) Regulations, 2016

SEAFARER INFORMATION

Last name: KAVULA	First name: GUSHALO	Middle name(s): KEA
Nationality: KENYAN	Passport No:	Date of Birth: 24/08/1988
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Rank/Job: ELECTRICIAN	Discharge book No:

This is to certify that above named seafarer has been examined in accordance with the Seafarers' medical fitness standards and certification requirements established in accordance with the provisions of regulation 1/9 of the STCW Convention, 1978 as amended, and regulation 1.2, Maritime Labour Convention, 2006 as amended and found to be fit for sea service, subject to any limitations indicated

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER

	Yes	No
1. Confirmation that identification documents were checked at the point of examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hearing meets the standards in STCW Code Section A-I/9? Date of test (dd/mm/yyyy): 03/07/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Visual acuity meets standards in section A-I/9? Visual aids (if worn): <input type="checkbox"/> Spectacles <input type="checkbox"/> Contact lenses <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Colour vision meets standards in section A-I/9? Date of last color vision test: 03/07/2023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Fit for look-out duties? (Deck and Engine Dept. only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Limitations or restrictions on fitness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes", specify limitations or restrictions: Examination form No:		
8. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of Issue (dd/mm/yyyy): 03/07/2023	Date of Expiry* (dd/mm/yyyy): 02/07/2025	
RECOGNIZED MEDICAL PRACTITIONER Sign: Name (print): DR RISHAD ALI SHOSI Place of examination: MOMBASA HOSPITAL Seal/Stamp:	REGISTRAR OF KENYAN SEAFARERS Sign: Name (print): SAMBA F. LUKE Place of issue: MOMBASA Seal/Stamp:	

SEAFARER'S DECLARATION: I hereby confirm that I have been informed about the content of this certificate and my right to appeal in accordance with the Merchant Shipping (Seafarer Medical Examination and Certification) Regulations, 2016.
Signature of the seafarer:
*Valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.



BANDARI MARITIME ACADEMY

Telephone: +254 746795831
+254 100 404 438
Email: bandarimaritime@gmail.com
info@bma.co.ke
Website: www.bma.ac.ke

Bandari Maritime Academy Building
Bishop Makarios Close
P.O. Box 99469 - 80107
Mombasa

BMA/ACA/05/004/1 VOL1.

17th July, 2023

Director General,
Kenya Maritime Authority,
MOMBASA.

RE: GUSHALO KEA KAVULA
DATE OF BIRTH 24.08.1988, ID 26872210
FROM 07.07.2023 TO 16.07.2023
THE STANDARDS OF TRAINING CERTIFICATION AND WATCHKEEPING (MANDATORY)
BASIC SAFETY COURSE.

This is to certify that the above named trainee completed **THE STANDARDS OF TRAINING CERTIFICATION AND WATCHKEEPING (MANDATORY) BASIC SAFETY COURSE** held at Bandari Maritime Academy from **07.07.2023 to 16.07.2023** and passed.

The following subjects were covered.

1. Personal Survival Techniques – Compliant STCW Table A-VI/1-1
2. Fire Fighting and Prevention – Compliant STCW Table A-VI/1-2
3. Elementary First Aid - STCW Table A-VI/1-3
4. Personal Safety and Social Responsibility STCW Table A-VI/1-4
5. Security Awareness - STCW Table A-VI/6-1

The trainee was hardworking and cooperative. Please issue him with the certificate.


Jimmyson Mwashighadi
For: Ag. DIRECTOR/CEO

No. 0017359



REPUBLIC OF KENYA

KENYA MARITIME AUTHORITY

Merchant Shipping (Training and Certification) Regulations 2016

Certificate of Proficiency

BASIC SAFETY TRAINING FOR SEAFARERS

The Government of the Republic of Kenya certifies that,

Name	GUSHALO KEA KAVULA
Passport/ Id. No	26872210
Country of Birth	KENYA
Date of Birth	24 AUGUST 1988
Signature of holder	



has been found duly qualified in

Training	STCW Code	Date of Expiry
Personal Survival Techniques	Table A-VI/1-1	16 July 2028
Fire Prevention and Fire Fighting	Table A-VI/1-2	16 July 2028
Elementary First Aid	Table A-VI/1-3	N/A
Personal Safety and Social Responsibility	Table A-VI/1-4	N/A

conducted in accordance with the provisions of **Regulation VI/1** of the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended and has also met the criteria applicable to the issue of this certificate.

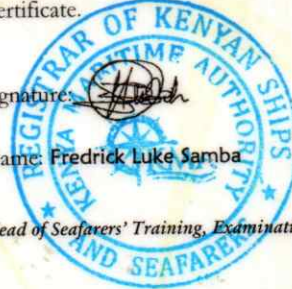
Date of issue: 24 AUGUST 2023

Signature:

Name: Fredrick Luke Samba

Certificate No: BST 7452

Head of Seafarers' Training, Examination and Certification



This certificate must be kept available in its original form on board the ship on which the holder is serving in accordance with Regulation 1/2 paragraph 11 of STCW, 1978 as amended.

Any person other than the holder who may come into possession of this document is kindly requested to send it to Kenya Maritime Authority, P.O Box 95076-80104 Mombasa, Kenya. The authenticity of this document may be verified at the website address: www.kma.go.ke or by making an inquiry to the above address



No. 0017358

REPUBLIC OF KENYA

KENYA MARITIME AUTHORITY
Merchant Shipping (Training and Certification) Regulations 2016

Certificate of Proficiency

SECURITY AWARENESS TRAINING FOR SEAFARERS

The Government of the Republic of Kenya certifies that;

Name **GUSHALO KEA KAVULA**
Passport/ Id. No **26872210**
Country of Birth **KENYA**
Date of Birth **24 AUGUST 1988**
Signature of holder



Has been found duly qualified in accordance with the provisions of

Regulation VI/6 para. 1

of the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended and has also met the criteria applicable to the issue of this certificate.

Date of issue: **24 AUGUST 2023**

Signature:

Name: **Fredrick Luke Samba**

Certificate No: **SAT 7637**



Head of Seafarers' Training, Examination and Certification

This certificate must be kept available in its original form on board the ship on which the holder is serving in accordance with Regulation I/2 paragraph 11 of STCW, 1978 as amended.

Any person other than the holder who may come into possession of this document is kindly requested to send it to Kenya Maritime Authority, P.O Box 95076-80104 Mombasa, Kenya. The authenticity of this document may be verified at the website address: www.kma.go.ke or by making an inquiry to the above address

PERSONAL DETAILS



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Surname:	KAVULA		
Other name(s):	GUSHALO KEA		
Nationality:	KENYAN	Place of Birth(Country):	KILIFI
Date of Birth:	24 AUGUST 1988		
Height (Mtrs):	1.7	Gender:	MALE
ID/Passport no:	26872210	CDC No:	8301
Next of Kin:	Name: AISHA KEA	Relationship:	SISTER
Address/Contact details:	0715061617		
Date of Issue:	22 AUGUST 2023		
Date of Expiry:	21 AUGUST 2028		
Signature of holder:			

Signature of Registrar of Seafarers



Issued by Kenya Maritime Authority

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CDC No. 0008301

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21 MAY 2025



INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

Requirements for validity

This is to certify that (name) GUSHAID KCA
 Date of birth 24-08-1988 Sex M
 Nationality KENYAN
 National identification document, if applicable
 whose signature follows [Signature]
 has on the date indicated been vaccinated or received prophylaxis
 against: (name of disease or condition)

YELLOW FEVER

in accordance with the International Health Regulation.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date	Signature and professional status of supervising officer Signature et titre du cadreien responsable
1. <u>[Signature]</u>	<u>10/2</u>	<u>[Signature]</u>
2.	<u>02</u>	
3.	<u>25</u>	

* Requirements for validity of certificate on page 2

CERTIFICATE INTERNATIONAL DE VACCINATION OU DEPROPHYLAXIS

Nous certifions que (nom)
 ne(e) le De sexe
 et de nationalité
 document d'identification national, le cas échéant
 donr la signature suit
 a été vaccin(e) ou a reçu des agents prophylactiques a la in date
 indiquée contre: (non de la maladie on de l'affection)

conformement au Règlement sanitaire international.

Manufacturer and batch no. of vaccine or prophylaxis Fabrican du vaccin ou de l'agent prophylactique et numero du lot	Certificate valid from: until: Certificate valable paru du jour au	Official stamp of the administering centre Cahet officiel du centre d'habilité
<u>[Signature]</u> <u>U3F0</u> <u>05M</u>	<u>10 FEB 2025</u>	<u>[Stamp]</u> COUNTY GOVERNMENT OF MOMBASA INNOVATION CENTRE P. O. Box 90441 MOMBASA HEALTH DEPARTMENT

* Voir les conditions de validite à la page 3

NATIONAL POLICE SERVICE

**DIRECTORATE OF CRIMINAL INVESTIGATIONS**

DIRECTORATE OF CRIMINAL INVESTIGATIONS HEADQUARTERS
P.O.Box 30036-00100 GPO
NAIROBI, KENYA

Ref. No. **PCC-G5SQB6VAN**Date. **31 August 2024****POLICE CLEARANCE CERTIFICATE***I hereby certify that the fingerprints recorded from***GUSHALO KEA KAVULA**

*holder of ID No. **26872210** have been searched in Criminal Records
Office's database with/without previous record. The validity of the
information on this certificate is as of the date of issue.*

REMARKS IN CASE OF PREVIOUS RECORD**OFFENCE(S): NIL****RESULTS OF TRIAL: NIL****DATE: NIL**

***This Certificate has been issued without any alteration or any
erasure***


(W.N KIRAI)

***For: Director, Directorate of Criminal Investigations
(P.T.O)***

NOTE: This is a computer generated certificate, to verify the authenticity of this document,
use the link <https://dci.ecitizen.go.ke/verify>,
send DCI to 21546 Then Dial *512# and select "Police Clearance"