



**Biology and Conservation of Sea Turtles — International Field Course
August 13 – 25, 2017**

Application deadline: April 14, 2017

Application Form

Full Name (as written in passport)			
Contact Address			
Nationality			
Gender			
E-mail contact		Skype address	
Telephone #	Day		Evening
Date of Birth			
School/Employer			

Qualifications

Swimming Ability

Please Note - due to the strong emphasis on in-water work participants must be good swimmers capable of treading water (with flippers) for extended periods.

Strong	Medium
<input type="checkbox"/>	<input type="checkbox"/>

Physical Condition

(See below for medical information)

Good	Average
<input type="checkbox"/>	<input type="checkbox"/>

Experienced Snorkeler

You need to be able to snorkle for extended periods (up to 2 hours) and dive to 20 ft to catch turtles in a net.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Do you have a valid passport that will allow you to travel to Bermuda?
(We will need a copy of all travel documents by 1 June 2017)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you requesting scholarship funding?

Full	Partial	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you applied for this course before?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

How well do you communicate in English?

Poor	Fair	Fluent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well do you understand written English?

Poor	Fair	Fluent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the extent of your formal training in biology?	
Describe any additional experience, particularly with sea turtles, that might help qualify you for this course.	
What opportunities will you have to apply what you learn on this course to conservation in your own country? Please submit a brief description along with your application (this can be supplied on a separate sheet). If you have had previous experience working with sea turtles, please provide a brief description of that work.	

Medical Information

Do you have any of the following:

Yes

No

Allergies (if yes, please describe below)

Special diet required (if yes, please describe below)

Asthma

Diabetes

Heart problems

Other: specify

Do you have any conditions that requires special consideration?

If yes, please describe

Liability

Please ensure that you have liability/health insurance coverage

I release the Bermuda Aquarium, Museum and Zoo, the Atlantic Conservation Partnership, and the Bermuda Zoological Society, and collectively or individually its trustees, directors, officers, employees, representatives and host families from all actions, proceedings, claims and demands from all liability during my participation in this course.

Signature of applicant _____

Date _____

Please send completed application to : jmermaidgray@gmail.com
 on or before 14 April 2017.

Students selected for the course are responsible for acquiring their own travel documents.
 Proof of a valid passport, required visas, and other necessary travel documents should be sent to:
jmermaidgray@gmail.com by 1 June 2017.

Bermuda Aquarium Museum and Zoo P.O. Box FL145, Flatts, FLBX, Bermuda