

Bermuda Turtle Project Application Form

Biology and Conservation of Sea Turtles — International In-Water Course

August 11 - 24, 2024

First Name <small>(as written in passport)</small>			
Full name <small>(first, middle, last names as written in passport)</small>			
Contact Address			
Nationality			Gender
Date of Birth (d/m/yy)			E-mail
Telephone number(s)			Whatsapp number
University/Employer			
International students: Do you require financial assistance?		If yes: partial or full assistance? Financial assistance is not guaranteed.	
English language?	Poor	Basic	Fluent

Qualifications

What is your swimming ability?

Strong Medium

Due to the strong emphasis on daily in-water work, participants must be good swimmers capable of treading water (with flippers) for extended periods, every day.

How is your physical condition?

Good Average

See below on page 2 for more medical information.

Are you an experienced snorkeler?

Yes No

You need to be able to snorkel comfortably for extended periods (up to 2 hrs) and dive to 20 ft deep to retrieve turtles in a net.

Additional information and attachments

Have you applied for this course before?

YES NO

Confirm Academic reference is attached
(if no academic ref, please attach your CV).

Confirm Character reference is attached.

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 during this course towards turtle conservation? Please submit a brief description, on a separate sheet, along with your application. If you have had previous experience working with sea turtles, please provide a description of that work.

Medical Information

Do you have any of the following:

YES

NO

- Allergies to food/ medicine/ contact/ animal bites/ other
Describe allergies here :



- Special diet required. If yes, please describe here:

- Asthma, diabetes, high blood pressure, heart problems,...

Please confirm you have health insurance valid for overseas activities. Clarify any confirmed medical information here:

Other medical information (please specify) :

Do you have any conditions that requires special consideration?

If yes, please describe here:

Have you been vaccinated against COVID19?

(We highly recommend being vaccinated against COVID19)

Liability

Please ensure that you have liability/health insurance coverage.

I release the Bermuda Aquarium, Museum & Zoo, the Atlantic Conservation Partnership, the Bermuda Zoological Society, the Sea Turtle Conservancy 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.

Students selected for the course are responsible for acquiring their own travel documents. Proof of valid passport, required visa and other necessary travel documents will need to be sent to gaelleroth@hotmail.com

Signature of applicant _____

Date _____

Please send completed application and letters of reference to: gaelleroth@hotmail.com
before April 15th, 2024.

Bermuda Zoological Society • P.O. Box FL145, Flatts, FLBX, Bermuda

