

Bermuda Turtle Project

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

August 13 - 26, 2023 (Dependent upon the Bermuda Government COVID-19 restrictions applicable at the time;

Dates in August may change)

Application Form

Full Name (as written in passport)			
Surname (as written in passport)			
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? Assistance is not guaranteed	
English language?	poor	basic	fluent

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

Physical Condition

(See below for medical information)

Good

Average

Experienced Snorkeler

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

Yes

No

Additional Information

Have you applied for this course before?

Yes

No

Academic reference attached?

Yes

No

Character reference attached?

Yes

No

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, directly towards 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 brief description of that work.	

Medical Information

Do you have any of the following:

Yes

No

Allergies (to food/ medicine/ contact/ animal bites/...
if yes, please describe below)

Special diet required (if yes, please describe below)

Asthma, diabetes, high blood pressure, heart problems (please specify)

Please confirm you have health insurance, valid for overseas activity

Clarify confirmed medical information:

Other medical information (please specify)

Do you have any conditions that requires special consideration?

If yes, please describe: _____

Have you been vaccinated against COVID19?

(We highly recommend being vaccinated against COVID19)

Please share the date of your latest COVID vaccine
dd/mm/yy:

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 should be sent to gaelleroth@hotmail.com before March, 2023.

Signature of applicant _____

Date _____

**Please send completed application and letters of reference to : gaelleroth@hotmail.com
before March, 2023.**

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