## **Bermuda Turtle Project**

**Biology and Conservation of Sea Turtles — International Field Course** 

August 8 - 20, 2021 (Dependent upon COVID-19 restrictions in place by the Government of Bermuda at the time)

## **Application Form**

Full Name (as written in passport)									
Surname (as written in passport)									
Contact Address									
Nationality									
Gender									
E-mail contact						Skype address			
Telephone #	Day					Evening			
Date of Birth									
University/Employer									
			Quali	ifications					
Swimming Ability							Strong	Medium	
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.									
Physical Condition							Good	Average	
(See below for medical inf	ormation	)							
Experienced Snorkeler							Yes	No	
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.									
		A	dditiona	al Informa	tion				
Have you applied for this course before?						Yes	No		
Academic reference attached?						Yes	No		
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Character reference attached?						Yes	No		
What is the extent of training in biology?	your for	mal							
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 toward 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	Yes	No						
Allergies (if yes, pleas								
Special diet required								
Asthma								
Diabetes								
Heart problems								
Other: specify								
Do you have any con	iditions t	hat requires special consideration?						
If yes, please describ	e [							
Have you been vacci								
Will you be vaccinate available to you?								
		Liability						
Р	Please er	nsure that you have liability/health insurance co	verage.					
I release the Bermuda Aquarium, Museum & 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.								
	Siç	gnature of applicant						
Date								
Please send completed application and letters of reference to : jmermaidgray@gmail.com on or before Friday, June 4, 2021.								
Bermuda Zoological Society • P.O. Box FL145, Flatts, FLBX, Bermuda								