

Bermuda Turtle Project Application Form

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

August 10 - 22, 2025

First Given 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 free dive to 20 ft deep to retrieve turtles in a net.

Additional information and attachments

YES NO

Have you applied for this course before?

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?	

Please submit a description, on a separate sheet, of any experience you may have, particularly with sea turtles, that might help you qualify for this course. What opportunities will you have to apply what you learn during this course towards sea turtle conservation?

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,...
Clarify any confirmed medical information here:

- Please confirm you have health insurance valid for overseas activities in Bermuda.

Other medical information to share (please specify) :

Do you have any conditions that requires special consideration?

If yes, please describe here:

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 Monday April 14th, 2025.

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

