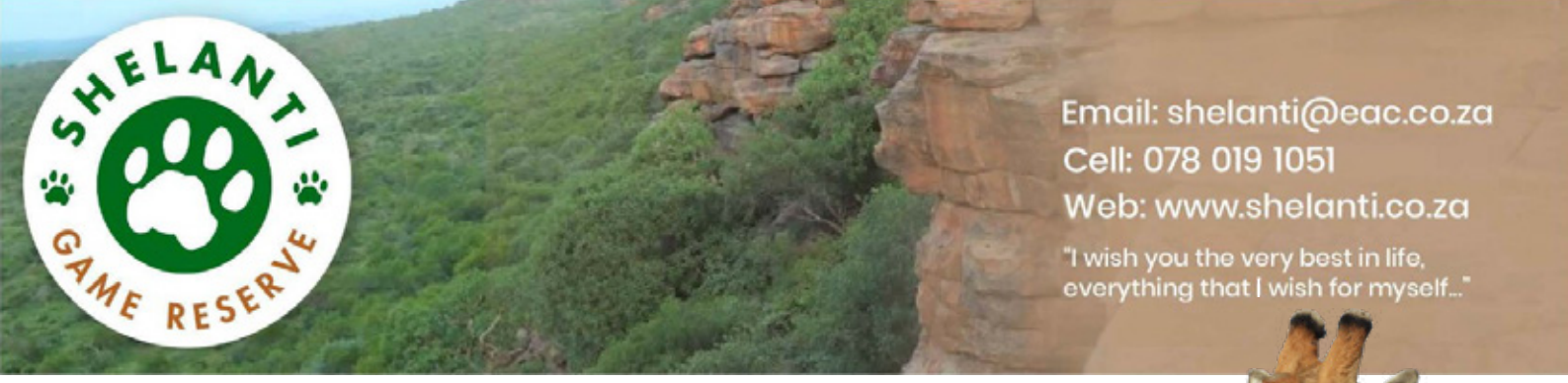




VETERINARY & WILDLIFE

Conservation Course Application

Please complete every section and return this form to shelanti@eac.co.za.

01 Personal details

NAME

SURNAME

DATE OF BIRTH

DD / MM / YYYY

COUNTRY

TELEPHONE

EMAIL

02 Emergency contact

NAME AND RELATIONSHIP

EMERGENCY PHONE

03 Qualifications

YOUR ENGLISH LEVEL

☐ Not good ☐ Good ☐ Very good

DO YOU HAVE ANY PREVIOUS VETERINARY EDUCATION AND/OR EXPERIENCE?

If yes, please explain.



VETERINARY (VET TECH/NURSE, PRE-VET, OTHER) UNIVERSITY WHERE YOU QUALIFIED OR ARE CURRENTLY STUDYING



04 Useful information

WHICH COURSE WOULD YOU LIKE TO BOOK?

Select course dates

HOW DID YOU HEAR ABOUT THIS COURSE?

ANY ALLERGIES OR DIETARY REQUIREMENTS WE SHOULD BE AWARE OF?

FOOD PREFERENCE ◯ Vegan ◯ Vegetarian ◯ None

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF WHILE WORKING IN THE FIELD?

05 Agreements

- ☐ I am aware of and agree to sharing rooms in the accommodation with other delegates.
- ☐ I am aware that arranging my own private medical and travel insurance before arriving in South Africa is a compulsory requirement.
- ☐ I am aware that signing the Shelanti indemnity form is a compulsory requirement.
- ☐ I am aware of the cost of: US$3600 per person and agree to pay this along with the non-refundable deposit of US$600.



06 Your motivation

WHAT MOTIVATES YOU TO JOIN THIS WILDLIFE VETERINARY AND CONSERVATION PROGRAMME?

☐ I hereby declare that the information given above is correct and truthful.

SIGNATURE

DATE