

T +27 (0)15 590 0975
C +27 (0) 83 808 1046
E students@kilimagamereserve.co.za
W www.kilimagamereserve.co.za

KILIMA
PRIVATE GAME RESERVE AND SPA



KILIMA VETERINARY AND WILDLIFE CONSERVATION COURSE APPLICATION

PERSONAL DETAILS

NAME

SURNAME

DATE OF BIRTH

COUNTRY

TELEPHONE

EMAIL

EMERGENCY CONTACT DETAILS

NAME AND RELATIONSHIP

EMERGENCY PHONE

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, PREVET, OTHER) UNIVERSITY WHERE YOU WERE QUALIFIED OR YOU ARE CURRENTLY DEVELOPING YOUR STUDIES



WHICH COURSE WOULD YOU LIKE TO BOOK IN?

DO YOU HAVE ANY ALLERGIC OR FOOD REQUIREMENT WE SHOULD BE AWARE OF?

Food Preference: Vegan Vegetarian None

MEDICAL CONDITION WE SHOULD BE AWARE OF WHILE WORKING IN FIELD?

ARE YOU AWARE AND AGREE ON SHARING ROOMS IN ACCOMMODATION WITH DELEGATES?

YES

HOW DID YOU HEAR ABOUT THIS COURSE?

I AM AWARE THAT CONTRACTING MY OWN PRIVATE MEDICAL AND TRAVEL INSURANCE BEFORE
ARRIVING IN SOUTH AFRICA IS A COMPULSORY REQUIREMENT

YES

I AM AWARE THAT SIGNING THE KILIMA INDEMNITY FORM IS A COMPULSORY REQUIREMENT

YES

WHAT ARE YOUR MOTIVATIONS TO JOIN THIS WILDLIFE VETERINARY AND CONSERVATION PROGRAM?

I hereby declare the information given above is correct and truthful

Date