



# Nkonzo Wildlife Research

E d u c a t e . A c t . E m p o w e r .

Program:

Arrival Date:

Duration:

Departure Date:

## PERSONAL DETAILS

Full Legal Name:

Gender:

Nickname (if any):

Date of Birth:

Street Address:

Profession/University:

City:

Phone:

Zip Code:

Mobile:

Country:

Email:

Nationality:

## PASSPORT INFORMATION (exactly as on passport)

Passport Number:

Date of Issue:

Country of Issue:

Date of Expiry:



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## EMERGENCY CONTACT

Full Name:

Mobile Number:

Relationship:

Email Address:

Phone Number:

Country:

## TRAVEL INSURANCE

Policy Holder's Name:

Company of Issue:

Company Contact Number:

Policy Name:

Policy Number:



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## **ADDITIONAL DETAILS:**

1. Do you have any dietary requirements? (vegan, vegetarian, gluten-free, etc.)

2. Do you have any health concerns that your supervisor should be aware of?

3. Where did you first learn about Nkonzo?

**Please Include the Following: Copy of Valid Passport, Proof of Medical Aid, and Full Flight Itinerary.**

## **CANCELLATION POLICY:**

- If you need to cancel your trip and do so more than 60 days before your intended arrival, we will send you your full program fee minus your original non-refundable deposit of €500.
- If you need to cancel between 30 and 59 days prior to your arrival we will be able to return 50% of your program fee.
- Less than 30 days before your arrival, we unfortunately cannot provide any refund as expenses have already been made for your scheduled time with us.
- Should an intern decide to leave the program early, no compensation, monetary or otherwise, will be given.
- Should an intern break the Agreement with Nkonzo (Terms and Conditions) it is at the discretion of Nkonzo to dismiss said intern from the program with no compensation, monetary or otherwise.

**Date:**

**Signature:**

I acknowledge I have read the program information provided on [www.wildlife-research.com](http://www.wildlife-research.com).

I acknowledge I have read and agree to Nkonzo's Terms and Conditions. I do declare that all information provided is correct to the best of my knowledge and that I am of sound physical and mental ability for participation in the above program.