

APPLICATION FORM FOR RESEARCH OR INFORMATION

Please return to: Sara Goatcher, ZSEA Education & Research Coordinator,
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sara.goatcher@zsea.org



Name:

Address:

Tel No:

DOB

E-mail address:

Name of University / College:

Course:

Name of Professor or Tutor:

Title of project:

Information / experience being sought: *

Use to which the information / experience will be put to:*

*(*Please continue on a separate sheet of paper if necessary)*

Intended publication of research:

Likely publication date of above:

I hereby declare that the above information is truthful and correct and that I will supply the Zoological Society of East Anglia with a copy of all data and written work from information / experience gained at Africa Alive and/or Banham Zoo and when using either written or photographic material gained from the zoos will acknowledge accordingly.



Signed: _____ Date: _____

Name, address and telephone number of two academic referees:

1)

2)