



GOVERNMENT OF BARBADOS

COASTAL ZONE MANAGEMENT UNIT

BAY STREET, ST. MICHAEL



Our Ref:

Tel. Nos. (246) 228 – 5950/51/52 Fax No. (246) 228 - 5956

**SUMMER INTERNSHIP PROGRAMME
APPLICATION FORM**

PLEASE PRINT

1. NAME:

| | | |
|----------------|--------------|---------------|
| Surname | First | Middle |
|----------------|--------------|---------------|

2. SEX: **Male**

Female

3. DATE OF BIRTH _____ / _____ / _____

Day Month Year

4. NATIONALITY _____

5. CURRENT ADDRESS

6. TELEPHONE NO. **(H)**_____

(W)_____

(C)_____

7. ARE YOU A STUDENT? Y / N

8. LEVEL OF STUDY 2^o 3^o

9. INSTITUTION _____

10. CURRENT COURSE OF STUDY _____

11. GRADE/ DEGREE _____

12. ACADEMIC QUALIFICATIONS

13. CAREER OBJECTIVE _____

14. SPECIAL SKILLS (e.g. computer literate, swimming, scuba diving)

PLEASE ANSWER THE FOLLOWING QUESTIONS

15. What is the role of the Coastal Zone Management Unit?

16. Why should we seek to preserve and conserve our coastal resources?

17. How would an internship at the Coastal Zone management Unit contribute to your educational and professional development?

The Director
Coastal Zone Management Unit
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Barbados
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“a coast to be proud of”