



University of the West Indies

Discovery Bay Marine Laboratory

Center for Marine Sciences

TEL: (876) 973-2241, 973-2946. FAX (876) 973-3091. Email: dbml@uwimona.edu.jm

GROUP APPLICATION FORM (v. 2014)

NAME: _____ TITLE: _____

INSTITUTION _____ DEPARTMENT: _____

Position: _____ Telephone (Work): _____ Fax # _____

Email _____

ARRIVAL DATE AND TIME _____

DEPARTURE DATE AND TIME _____

Please provide a brief overview of your proposed research objectives and methodology to be carried out at DBML below:

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.....

Do you propose to collect any plant / animal specimens while in Jamaica? Yes No

****Do you have a: Research Permit Beach Licence Wildlife Collection Permit**

LABORATORY FACILITIES REQUIRED:

DRY LAB SPACE (SPECIFY) _____ WET LAB TABLE: Yes No

DIVING FACILITIES NEEDED: SCUBA SNORKELLING BOATS

(Within the Bay, Outside D/Bay) Specify _____

ACCOMMODATION REQUIRED:

EXEC. FLAT # persons _____ FLAT Single occupancy # persons _____ FLAT double occupancy

people _____ DORM ROOM # people _____ BEDSITTER # people _____

CATERING SERVICE REQUIRED: Yes No

**** Copy to be submitted along with this Application**

DISCOVERY BAY MARINE LABORATORY

P.O. BOX 35, DISCOVERY BAY, ST. ANN, JAMAICA W.I.

TEL: (876) 973-2241, 973-2946. FAX (876) 973-3091. Email: dbml@uwimona.edu.jm

Please use this form to list the names of the members of your group.

#	Name	Staff /Student	Gender	Special Dietary Requirements	Diver Certification	Phone # to call in emergency	Official Use only Room #
1							
2							
3							
4							
5							
6							
7							
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19							
20							

SPECIAL DIET: VEGETARIAN DIET (V) WHITE MEAT ONLY (W) SALT FREE (S) DAIRY FREE (DF) LACTOSE FREE (LF) NO SPECIAL DIETARY NEEDS (NSD)

**Name of Applicant/
 (Team Leader)**

Signature

Date