



**BLACKFRIARY ARCHAEOLOGY  
FIELD SCHOOL**

Digging the Past, Growing the Future



Greenanstown,  
Stamullen,  
Co. Meath,  
Ireland



[www.bafs.ie](http://www.bafs.ie)



+353 87 684 9964



[info@bafs.ie](mailto:info@bafs.ie)

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## Intern Application Form

<b>First Name:</b>		<b>Surname:</b>	
<b>Gender:</b>		<b>Date of Birth:</b>	
<b>Nationality:</b> (American, Italian etc)		<b>Preferred Pronoun:</b>	
<b>Address:</b>			
<b>Zip / Post Code:</b>		<b>Country:</b>	
<b>Email:</b>		<b>Phone Number:</b>	

**University/College:**

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**Your Education to date:**




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### Your Previous Experience:


### How Did You Hear About Us?

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## Courses 2024

ID	Course Name	Duration	Start Date	Pre- requisites
BF Intern 1	Excavation Internship	6-12 Weeks	Choose Start Date • May 7th • June 4 <sup>th</sup> • July 2 <sup>nd</sup>	4 weeks field or lab experience, or a mix of both
BF Intern 2	Post-excavation Internship	6-12 Weeks	Choose Start Date • May 7th • June 4 <sup>th</sup> • July 2 <sup>nd</sup>	4 weeks field or lab experience, or a mix of both
BF Intern 2 *Bioarch	Post-excavation Internship in Bioarchaeology	6 Weeks	Choose Start Date • June 25 <sup>th</sup> • July 2 <sup>nd</sup>	4 weeks field or lab experience, or a mix of both
BF Intern 3	Community Archaeology Internship	6-12 Weeks	Choose Start Date • May 7th • June 4 <sup>th</sup> • July 2 <sup>nd</sup>	4 weeks field or lab experience, or a mix of both

**Please indicate which course you wish to attend and specify dates:**



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**General Data Protection Regulation (GDPR) Consents**

The information submitted on this form will be treated in the strictest confidence and shared only with those that may be responsible for your health and safety while attending the Blackfriary Archaeology Field School.

<b>Declaration Of Fitness</b>	<b>Y/N</b>
<b>1. I am physically and mentally fit to participate in the Blackfriary Archaeology Field School Program:</b>	
<b>2. I take medication to treat or manage a health concern:</b>	
<b>If the answer to item (2) is Y, please include a brief summary of your health concern:</b>	
<b>3. Do you have any specific learning requirements? If so, please indicate your specific learning requirement (relevant disability, dyslexia etc.) so that we can work with you to best facilitate your full participation in the programme:</b>	

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Date (DD/MM/YY):</b>	