





BAFS Student Application Form

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

University/College:

Your Education to date:

How Did You Hear About Us?









Courses 2024

ID	Course Name	Duration	Start Date
BF Summer 1.1	Intensive course in Fieldwork and Post- Excavation Methods	2 Weeks	 Choose Dates from: May 7th - 17th June 4th - 14th July 2nd - 12th
BF Summer 1.2	Certificate in Archaeological Excavation and Recording	4 weeks	May 7 th – May 31 st
BF Summer 1.3	Certificate in Archaeological Excavation and Recording	4 weeks	June 4 th - June 28 th
BF Summer 2	Certificate in Archaeological Excavation and Recording with Osteology	5 weeks	July 2 nd – August 2 nd

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









General Data Protection Regulation (GPDR) 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.

Declaration Of Fitness	Y/N	
1. I am physically and mentally fit to participate in the Blackfriary Archaeology Field School Program:		
2. I take medication to treat or manage a health concern:		
If the answer to item (2) is Y, please include a brief summary o concern:	f your health	
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:		

Signature:	
Print Name:	
Date (DD/MM/YY):	